

PERSUADING FOR GOOD OR PERSUADING FOR GAIN: EXAMINING PERSUASION  
KNOWLEDGE THROUGH A SOCIAL MARKETING LENS

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## ABSTRACT

Persuasion knowledge (PK) activation occurs when the target of a persuasion attempt becomes aware of a possible ulterior motive on the part of the persuader. PK activation has consistently generated negative attitudes and intentions when studied with consumer products and services, but less is understood about how it functions in a social marketing setting. This research investigates persuasion knowledge using exercise promotion advertisements to determine whether the same consequences occur in social marketing that are known to in the traditional marketplace, and whether it is recommended to apply typical marketing practices to behaviour-change messages. Following a Patient Oriented Research (POR) framework, this research is on Type 2 diabetes patients' responses to various appeals in exercise ads. Participants responded to two online studies which manipulated the source of the ad, the emotional appeal used and the presence of a prime. Results indicated that participants' PK activation and behavioural intentions were dependent on their appraisal of the appeal's appropriateness; the source influenced attitudes but not intentions or PK activation. Participants found the encouraging appeal to be most appropriate, and therefore persuasive, followed by the fear appeal, and lastly, the shame appeal. This research has important implications for practice by suggesting that shame appeals are not effective motivators for this population, and that exercise-promotion messages may be found appropriate regardless of the source.

**Keywords:** persuasion knowledge, social marketing, patient-oriented research, emotional appeal, source disclosure

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## **1. INTRODUCTION**

Persuasion inserts itself into our daily lives in all kinds of ways; we may be persuaded to make a purchase, to make a decision, or to change our behaviour. Despite its pervasive nature, persuasive tactics are often met with distrust; in general, people dislike it when they become aware that someone is using persuasive tactics on them for an ulterior motive or personal gain. This is the basis of Friestad and Wright's (1994) Persuasion Knowledge Model (PKM), which has been used to interpret the way consumers react to persuasion tactics in the marketplace. While prior literature has consistently demonstrated how persuasion tactics function in commercial settings, it is less understood how persuasion tactics function in a social marketing setting. Social marketing is the application of tools, techniques, and concepts in pursuit of social good (Peattie & Peattie, 2009), and is often presented in the form of public service advertisements. Social marketing ads are meant to be highly persuasive, and often convey messages whose goal it is to change behaviour, such as anti-smoking ads, ads that communicate the benefits of being more active, and ads against drinking and driving. In ads like these, the intended behaviour change, if successful, benefits both the consumer and the source of the message; the consumer reaps the obvious health benefits of changing their harmful behaviour, while the source of the message often benefits monetarily in some way. An example of this exchange is an anti-smoking ad created by Health Canada. If successful, the consumer who views the ad is affected in some way, and decides to quit smoking. He or she can breathe more easily, can exercise more effectively, pollutes the air less, and so on. The consumer has also lowered his or her risk of becoming sick with a smoking-related illness, such as lung cancer. This means that they will not be in the hospital using the healthcare system's resources, which of course benefits Health Canada in that the organization is saving money. Despite the obvious persuasive intent of the messages themselves, the system of persuasion and compliance in social marketing is more complex than a simple customer-salesperson interaction. The aim of this research is to better understand how persuasion works in the social marketing context of exercise promotion, using the PKM (Friestad & Wright, 1994) as the theoretical basis. Exercise promotion was chosen due to its connection with our population of interest, which is patients with Type 2 diabetes. As this group can benefit greatly from increased activity levels, it is crucial to understand the most effective way of communicating this benefit. Various emotional appeals

in exercise promotion will be examined, as well as differences in effectiveness when the source of the message is varied.

## **1.1 THE PERSUASION KNOWLEDGE MODEL**

The Persuasion Knowledge Model posits that there are two sides to every persuasion episode: that of the persuasion “agent” – the salesperson, marketer, or any other person intending to persuade, and the “target”, which is the person, usually in the position of a consumer, who is being persuaded. Each person has knowledge about the topic at hand – for example, knowledge about buying clothes, buying a car, or advertising – the other person who is part of the persuasion episode, and persuasion itself. Each individual’s knowledge contributes to the persuasion episode, which influences how both the target and the agent respond to one another. Components of the model are discussed below.

**Topic knowledge.** Topic knowledge refers to the consumer or agent’s existing knowledge about the topic or content of the persuasion attempt (Cambell & Kirmani, 2008), including products, services, and issues. This knowledge is gathered from previous interactions and can vary from next to no knowledge in that area to a high level of expertise, depending on the consumer’s or agent’s prior experiences.

**Agent knowledge.** The knowledge consumers have about the person that they perceive to be doing the persuading includes beliefs about the “traits, competencies and goals of the persuasion agent” (Friestad & Wright 1994, p.3). This can be in the form of general knowledge, schemas, or stereotypes about brands, companies, and salespeople, or knowledge about a specific salesperson, brand, or company (Cambell & Kirmani, 2008). Agent knowledge can include things like how credible the agent is, how likeable, how much they know about the products they sell, and so on. Agent knowledge can be developed through personal experience or can be learned through others. On the other side of the interaction, agents also have their own knowledge about consumers which can be developed through personal experience as well.

**Persuasion knowledge.** The most influential type of knowledge that consumers and agents bring to the interaction is their persuasion knowledge, which is the knowledge regarding what they know about how to persuade others and what they believe is generally known by other people about how to persuade (Friestad & Wright, 1994). Persuasion knowledge can also include persuasion-related knowledge of an agent or topic (Campbell & Kirmani, 2008) and beliefs about motives, tactics, and how appropriate these motives and tactics are. It is believed that people



access this knowledge whenever they want to understand advertising messages, sales presentations, or the behaviour of service providers (Friestad & Wright, 1994). It is persuasion knowledge that aids consumers in first recognizing persuasion attempts, then allowing the analysis, evaluation and interpretation of these attempts. If the consumer perceives the agent's behaviour to be a persuasion tactic, a "change in meaning" occurs. This means that they now understand the behaviour in a different way – it is now a tactic that the agent purposefully engaged in to elicit persuasion. Consumers must now decide whether or not this tactic is appropriate, which determines what type of coping behaviours they will use.

***Coping behaviours.*** Consumers have two general responses to an agent's behaviour: either they become "persuasion sentries" who guard themselves against unwanted persuasion, or they become "goal seekers" who use the persuasion agents to continue to pursue their marketplace goals (Campbell & Kirmani, 2008). Positive, goal-seeking behaviour usually occurs when the consumer is unaware of the persuasion attempt. Goal-seeking behaviour can also occur if consumers are aware of the persuasion attempt, but determine that the tactic is acceptable. If the consumer is aware of the persuasion attempt and decides that the tactic is inappropriate, they react negatively and respond with increased skepticism, lowered purchase intentions, less favourable attitudes toward the agent or company, resistance, avoidance and withdrawal (Campbell & Kirmani, 2008; Friestad & Wright, 1994).

The PKM has mainly been used to understand consumers' responses to traditional marketplace offerings including goods and services, but less is known about how the model functions in social marketing contexts. Many studies have empirically demonstrated that consumers tend to respond negatively when they become aware of the presence of a persuasion attempt (e.g., Campbell & Kirmani, 2000; Hardesty, Carlson & Bearden, 2002; Aguirre-Rodriguez, 2013), as could be the case if they realize that the source of the message has ulterior motives. However, in the case of social marketing messages, the benefits the consumer stands to gain may outweigh their negative feelings about being persuaded and cause them to comply with the behaviour anyway. Consider the "Pouring on the Pounds" campaign from the New York City Health Department as an example (City of New York, 2019). These social marketing ads graphically depict the consequences of sugar overconsumption from drinking soda and other sugary drinks, and aim to persuade the consumer to quench their thirst with water instead. Most consumers will understand that this is a persuasion attempt from the New York City Health

Department. While the Health Department does want their city's residents to be healthier by decreasing their soda intake, they also want to discourage consumers from "pouring on the pounds" so that they do not become ill with obesity-related diseases, which could strain the healthcare system's resources. Even if consumers understand this ulterior motive, they may appraise the persuasion attempt as appropriate, given the fact that compliance would lead to better health and less excess fat. The greatest distinction between persuasion in social marketing campaigns and persuasion in commercial marketing is that the outcome of the persuasion attempt in social marketing is beneficial for the agent, consumer, and society as a whole. A successful persuasion attempt in social marketing can lead not only to some sort of gain for the source, but often more importantly, a positive behaviour change for the individual which has a prosocial effect on society. A successful persuasion attempt in a commercial marketing setting often focuses on a monetary gain for the agent as well, but does not engender the same behavioural benefits for the target, and creates no value for society.

Using the PKM to interpret consumers' responses to ads encouraging healthy or prosocial behaviour-change is an underdeveloped area of study, but one that needs attention. Social marketing's effects are often difficult to measure due to the nature of the messages: they are public, widespread, not necessarily properly targeted, and are often in competition with opposing messages. For these reasons, marketers need to better understand the meaning of the messages from the consumer's perspective. Learning what types of messages have the power to change consumers' behavioral intentions will allow marketers to design more effective messages. These in turn will persuade the consumer to adopt the positive behavior change, creating a mutually beneficial outcome for both the consumer and the sponsor of the message. It is also important to study the use of persuasion attempts in a public health context to investigate the potential unintended consequences of applying marketing frameworks outside of the marketplace. That is, it is important to know whether consumers react the same way to behaviour change messages as they do to persuasive messages about products or services. If this is the case, consumers are at risk of experiencing reactance when faced with a behaviour change message that has the potential to benefit them, and the source of the message is also at risk of the damaging behaviour continuing as well as lost monetary value of ineffective marketing campaigns. Using the PKM as a tool to interpret consumers' reactions to social marketing messages in a health communications context is a useful way of determining if and when consumers activate their persuasion

knowledge, and what this means for their attitudes and intentions.

## **1.2 RATIONALE BEHIND SOCIAL MARKETING, SOURCE DISCLOSURE AND PERSUASION KNOWLEDGE**

The current research aims to investigate consumers' reactions to a social marketing message promoting exercise when the source of the message is disclosed. This means that the research will synthesize three areas of literature that have been studied as pairs but have not, to our knowledge, been studied all together: social marketing, persuasion knowledge, and source disclosure. The purpose of combining these three areas is to assess whether persuasion functions in social marketing the same way that it does in the traditional marketplace; do people react negatively to behaviour-change messages when they realize that someone is trying to persuade them? Source disclosure will be included because it has been shown to be a means of activating persuasion knowledge (e.g., Boerman, van Reijmersdal & Neijens 2012; van Reijmersdal, Fransen, van Noort, Opre, Vandenberg, Reusch, van Lieshout & Boerman, 2016; Boerman, Willemsen, & Van Der Aa, 2017). When an ad includes the source of the message and the consumer becomes aware of it, the message undergoes a "change in meaning" and the consumer will now understand it as a persuasive attempt. This is because the consumer now understands that complying with the ad or message is not only for their benefit – another party also stands to benefit from their compliance. As will be explained below, the effects of source disclosure have been consistently demonstrated in a variety of contexts that involve consumer products, but there is less literature on source disclosure when it has to do with a social marketing message. Therefore, we do not have a clear understanding of how source disclosure, and therefore persuasion knowledge or persuasion attempts, works in a social marketing setting, and it is not yet clear whether consumers will consistently react to persuasion attempts in a social marketing context in the same way they do to persuasion attempts in a traditional marketplace context. This is partly because consumers may not be aware of how the other party may benefit from their compliance with a message, and also because the benefits that they personally stand to obtain may encourage compliance.

We suspect that when faced with a social marketing ad, consumers may experience tension between wanting to improve their health by complying with the ad, and not wanting to be the target of a persuasion attempt. For this reason, this research aims to identify how and when persuasion knowledge is activated in response to social marketing messages, and what this

means for the efficacy of the message. Although there is little research that directly uses the PKM in relation to social marketing, many of the reviewed articles include elements that are linked to the PKM, such as consumers' appraisal of the appropriateness of the persuasive tactic being used, or the activation of persuasion knowledge in a different persuasive setting. The PKM has been studied in other contexts that are relevant to social marketing research, such as native advertising, sponsored blogs, and covert marketing. These contexts are included in the review due to the similarity of the application of the PKM, as well as the similarity of the contexts in which the persuasive appeals take place. All contexts reviewed assume that there is the possibility for the consumer to be unaware that the content they are being exposed to is a form of advertising, and thus has the possibility of being deceptive. In media such as sponsored blogs or native advertising, the commercial content is often hidden or disguised as editorial content, which makes it more difficult for the consumer to discern the source of the message. This may also be the case in social marketing, as the average consumer may not be aware of the source of many behaviour-change messages, and therefore may not be aware of a possible ulterior motive. Similarities in the theoretical underpinnings of the reviewed disclosure studies will allow us to better understand how source disclosure and persuasion knowledge may function in a social marketing setting.

### **1.3 SOURCE DISCLOSURE AND THE PKM**

Message or brand sponsorship disclosure is a widely-studied area of research and has shown fairly conclusive results; disclosing the source of the message to consumers activates their persuasion knowledge, which often leads to negative responses. In an article by Boerman, van Reijmersdal, and Neijens (2012), disclosure was studied in the context of sponsored brands in television programs, which relates to social marketing messages in that the sponsor of the content is embedded and the persuasive intent is not always obvious (Boerman, van Reijmersdal, & Neijens 2012). Both conceptual persuasion knowledge and attitudinal persuasion knowledge were measured in response to sponsorship disclosure. Conceptual PK refers to the cognitive dimension that recognizes advertising and its intent, while attitudinal PK is the attitudinal mechanisms used to cope with persuasion attempts, such as disliking or skepticism. The authors found that those who recalled being exposed to the disclosure had significantly higher levels of conceptual persuasion knowledge than those who were not exposed to a disclosure. This had an indirect effect on attitudinal PK, indicating that sponsorship disclosure increases conceptual PK,

which leads to higher scores in attitudinal PK. These results indicate that after exposure to sponsorship disclosures viewers are better able to distinguish between sponsored and editorial content, which activates their persuasion knowledge. Activation of PK generally leads to lower brand attitudes, with longer exposure associated with more negative attitudes. Activating persuasion knowledge after being exposed to source disclosure can also lead to reactance or resistance. According to Reactance Theory, people do not want to be manipulated and want to maintain their freedom of choice (Brehm & Brehm 1981). Therefore, when they become aware that they are being manipulated, their freedom feels threatened and they experience negative emotions that often transfer to the brand. This is the cognitive link that explains why disclosing the source of the message often leads consumers to experience negative attitudes directed at a brand. Van Reijmersdal et al. (2016) confirmed this link in a study that compared the extent participants thought a blog post was sponsored, their cognitive resistance strategies, brand attitudes and purchase intentions. Many previous studies have demonstrated the persuasion-mitigating effects of source disclosure, but this was the first study to provide insight into the mechanisms that explain the relationship between these two concepts.

Although source disclosure shows consistent results, it is only effective if it is recognized as such by the consumer. Many messages that come from brands are often masked as editorial content, which can make identifying content as advertising difficult. This was found to be the case in Boerman, Willemsen, and Van Der Aa's (2017) study that used celebrities as an indirect source of a message. The authors found that when compared to a message that disclosed the brand as its source, sponsored messages from celebrities – even when sponsored by and originally from the brand – were less recognized as advertising. Recognition of advertising is crucial in activating persuasion knowledge and thus influencing attitudes and intentions – without that, the source disclosure is meaningless. Covert marketing is more likely to be recognized as a type of advertising as opposed to editorial content when it contains certain features. When consumers are exposed to certain characteristics of sponsored content that help them identify it as advertising, their persuasion knowledge is activated and they are able to use existing schemas to interpret what they now understand to be advertising, creating a more fair exchange between brand and consumer. Wojdyski (2016) aimed to better understand which characteristics of a disclosure influence consumers' likelihood of correctly identifying the content as advertising, and found that only source disclosures that were highly prominent and

contained the source's logo were likely to be recognized as advertising. Ultimately, awareness of a disclosure led to increased persuasion knowledge, which led to decreased perceived quality and intent to share an online article. Importantly, though, several pathways from persuasion knowledge to negative attitudes were mediated by perceived deceptiveness, meaning that negative attitudes may be mitigated if the advertisements were more transparent to the consumer.

Taken together, it appears that source disclosure plays an important role in determining how consumers will react to sponsored messages. Once consumers become aware of the disclosure, their persuasion knowledge is activated and the content undergoes a "change in meaning" – the consumer now understands that someone is trying to persuade them. Once this happens, consumers generally feel some sort of negative emotion or react in a way that counters the persuasive attempt, such as by disengaging with the content, lowering their intentions to purchase the brand's product, or feeling critical towards the sponsor. Due to the unethical nature of covert marketing, disclosures are necessary, even if they do activate persuasion knowledge. Covert marketing has been viewed as unethical because it intentionally blurs the line between the opinions of the advertisers and the material in which the ad is embedded. Making sure the consumer can distinguish between editorial and sponsored content is part of the rights of the consumer, so this must be included even if it increases the likelihood of negative responses. Recently updated regulations enforced by the Federal Trade Commission require sponsorship disclosures to be prominent, of close proximity to the ad, and to be clear in their wording (Wojdyski, 2016). Interestingly, despite the consistency with which source disclosure activates PK and produces negative responses, activated PK does not *necessarily* generate negative responses, even in the context of covert marketing. Wei, Fischer and Main (2008) demonstrated that participants who activate their persuasion knowledge may still respond to a product or brand positively if they appraise the persuasion tactic to be appropriate. This idea is consistent with the PKM, whereby consumers "cope" with persuasion either by becoming "persuasion sentries" or "goal seekers." When a persuasive tactic is deemed appropriate by the consumer, they become "goal seekers" and continue to pursue their marketplace goals of acquiring and consuming goods and services (Friestad & Wright, 1994). Tactic appropriateness has an important place in PKM literature because it allows for the coexistence of activated persuasion knowledge and positive consumer responses, which most PK literature has assumed to be mutually exclusive.

## **1.4 TACTIC APPROPRIATENESS**

Participants in a series of studies by Wei, Fischer and Main (2008) showed that activated persuasion knowledge could lead to more positive appraisals of the brand in question. The authors found that when participants who listened to a radio show that contained a paid advertisement and found the brand's strategy to be appropriate, their appraisal of the brand was more positive than those who did not find the strategy to be appropriate. Participants listened to a radio show that was written for the experiment and included a recipe, prize, and details about the host that included a particular brand of macaroni and cheese. To activate persuasion knowledge, the participants in that particular condition were informed that the brand had paid to be mentioned on the radio show. Among other measures, participants were measured on their perceived appropriateness of the brand's advertising tactic and their evaluation of the brand. The more appropriate participants felt that the brand's tactic was, the less their activated persuasion knowledge negatively influenced their evaluation of the brand. This suggests that disclosing the source of a message does not automatically lead to negative brand evaluations, and that it is possible for a brand or organization to be transparent without sacrificing their ad's efficacy.

Isaac and Grayson (2017) advanced the idea that persuasion knowledge and skepticism may not always go hand in hand, and that accessing persuasion knowledge can sometimes lead consumers to regard a persuasive message or agent as credible. The authors explain that many previously-studied persuasion tactics have naturally been associated with deception and manipulation, such as price gouging, fast advertising disclaimers, flattery, and words like "may" and "probably" (Isaac & Grayson, 2017). The aim of this research was to test if certain marketing messages can be regarded as credible, even when persuasion knowledge is activated. In a series of four experiments, the authors found that consumers respond to existing marketing tactics in one of two broad ways: they are either skeptical of the tactic and the persuasion agent, or they find them to be credible. An exploratory factor analysis revealed that credibility and skepticism operate on opposite ends of the same continuum. Previous research has demonstrated that activated persuasion knowledge is most often associated with skepticism and therefore negative attitudes toward the persuasion agent or brand. However, Isaac and Grayson (2017) found a using 2 (tactic credibility: high vs. low) x 2 (persuasion knowledge access, high vs. low) between-subjects design that persuasion knowledge activation does not always lead to skepticism. In fact, when tactic credibility was high, those in the high persuasion knowledge

access group evaluated the brand significantly more positively than those in the low persuasion knowledge group. These results lend support to the notion that certain source disclosures may also lead to positive appraisals of the message and source; if the disclosure is communicated to the consumer in a way that is deemed appropriate and credible, they will still activate their persuasion knowledge, but due to the positive appraisal of the tactic used, the message's persuasive power will not be diminished.

Research by De Pelsmacker, Cauberghe, and Dens (2011) also tested the idea of tactic appropriateness by measuring the effectiveness of certain fear appeals for familiar and unfamiliar issues. The theoretical underpinnings of this study hinge on the Protection Motivation Theory (Rogers, 1983), which posits that fear appeals can provoke four different cognitive responses: perceived severity, perceived susceptibility, perceived response efficacy, or perceived self-efficacy. When the cognitive responses to a fear appeal are high, the fear appeal triggers protection motivation which leads the individual to be more motivated to comply with the suggested behaviour. A certain level of fear is necessary to create the motivation to comply, but excessive fear may lead to reactance. Therefore, it is necessary to study how different levels of fear combine with different levels of issue familiarity to produce the most persuasive appeal.

This was measured using a 2 (message familiarity: familiar vs. unfamiliar) x 2 (amount of information: low vs. high) x 2 (level of graphic threat: strong vs. weak) between-subjects factorial design. The authors measured consumer response to a fear appeal message: either anti-drunk-driving messages or warnings about a (fictitious) muscle disorder transmitted by mosquitos. Results of an ANOVA indicated that familiar issues are perceived as significantly more threatening than unfamiliar ones. There was a significant interaction between issue familiarity and graphic threat strength which showed that for unfamiliar issues with strong graphic threats, perceived severity is higher than for a weak graphic threat. There was also a three-way interaction between issue familiarity, amount of information and the level of graphic threat. These results imply that increasing the graphic threat and/or level of information only increases perceived severity (and thus behavioural intentions) for unfamiliar issues. Unfamiliar issues lead to higher perceived severity because we do not have any experience with them, and therefore, any additional information is relevant to our appraisal of the message. This is not the case in familiar issues as we become habituated towards them. In other words, individuals decide whether the fear appeal is appropriate based on how much they already know about the topic and



how the message is presented. This speaks to the notion that consumers are more likely to comply with a persuasive appeal when they deem the tactic to be appropriate. If they decide that the tactic is not appropriate, they may be less likely to comply with the behaviour, as was demonstrated in this study when a graphic threat was paired with a high level of information for a familiar issue. Participants did not find this to be more persuasive, possibly because they found the message to be manipulative or unfair. This idea of tactic appropriateness is consistent with the PKM and is another valuable element in creating persuasive appeals.

## **1.5 CONGRUENCE**

The concept of congruency is an important aspect in persuasion research. Congruency refers to the consumer's perception of certain elements of a persuasive appeal being compatible with one another. That is, the consumer finds appeals to be more persuasive when the message matches its source, or the appeal matches its message. These studies add to the framework of what we know about how persuasion knowledge might work in social marketing, which will help to solidify the specific areas of this topic that still need to be investigated.

A recent article by McKay-Nesbitt and Yoon (2015) discusses source disclosure, but from a slightly different point of view than other studies. The aim of this article was to test whether a social marketing message about physical activity would be better received if the source of the message (a health organization) was disclosed, and if the message was presented in a 'work' frame or a 'fun' frame. Both types of messages may be effective depending on whether they play to the consumers' cognitive "should" preferences or their emotional "want" preferences. McKay-Nesbitt and Yoon (2015) draw on work by Till and Busler (2000) that suggests that repeated pairings of concepts or ideas form associations in the minds of consumers. Associations may form between a product and an endorser, for example, but can also form between a message and the source of that message; for example, between a message regarding activity and the American Heart Association (AHA). Because AHA repeatedly offers advice to consumers about what they *should* do to remain healthy, the association is made over time and appeals to the consumer's 'should' preferences. In this context, a message framed as 'work' should be most persuasive. However, 'fun' framed messages may also be persuasive as they appeal to an individual's emotional 'want' preferences. McKay-Nesbitt and Yoon (2015) hypothesized that congruency between the source of the message and the message frame would increase the message's persuasiveness. The authors tested this idea by manipulating the message

frame and the source of an ad promoting physical activity. Participants viewed the ad with either a work or fun frame, and the source was either AHA, Dunkin' Donuts, or undisclosed.

Results suggest that when a message recipient is aware that the source of the message is a health organization, work-framed messages may be more effective, but when the recipient is not aware of the source, there is no difference in effectiveness between a work-frame and fun-frame. These results are valuable to our understanding of social marketing messages because many of these messages are disseminated by sources similar to those in McKay-Nesbitt and Yoon's (2015) study. As was discussed previously, consumers may or may not be aware of the source of a PSA, and even if they are, they may not fully understand how the source benefits from their compliance. Knowing that consumers can become aware of the source and not always react negatively (as is often the case when the source is disclosed) again allows for source disclosure and positive attitudes to coexist. In this case, the fact that the message and source were congruent had a persuasive effect on consumers. This effect may be linked to tactic appropriateness in that the congruent nature of the elements of the message may have been appraised as an appropriate persuasion tactic.

Congruency was also shown to be an important element of social marketing campaigns when employing an emotional appeal. Pounders, Lee, and Royne (2018) explain that social marketing messages that use guilt and shame as emotional appeals are most effective when the appeal is matched with the goal-oriented action that the consumer should pursue (their regulatory focus). Regulatory Focus Theory (Higgins, 1997) states that individuals use two main systems to achieve goals: promotion and prevention. Prevention focuses on the avoidance of pain, while promotion focuses on approaching pleasure. Those with a promotion focus approach goals in order to reap potential gains and regulate their behaviour in order to achieve positive outcomes, while those with a prevention focus tend to focus on potential losses and alter their behaviour to avoid negative outcomes (Higgins, 1997). This system was found to be most effective when the type of appeal – guilt or shame – was congruent with the participants' regulatory focus. Guilt and shame have been found to be distinct emotions, and are mediated in different ways. People who experience guilt are often motivated to approach and fix the guilt-inducing situation, while those who experience shame often respond with avoidance and the perceived inability to repair the situation (Pounders, Lee, & Royne, 2018). In this study, congruency refers to a match between coping style and type of regulatory focus. To test this idea, a 2 (emotional appeal: guilt vs.

shame) x 2 (regulatory focus: promotion vs. prevention) between-subjects study was conducted using social marketing ads. The ads depicted anti-drinking and driving messages and used behavioural intentions as the dependent variable. As the authors predicted, participants who viewed the guilt appeal with a promotion-focused message and a shame appeal with a prevention-focused message reported higher behavioural intentions to engage in safe driving. That is, the ad was most persuasive when the appeal and the message type were congruent.

The research reviewed thus far has explained what is known to date about persuasion knowledge as applied to social marketing contexts. Generally speaking, the literature demonstrates that when consumers activate their persuasion knowledge, they are more likely to display more unfavourable evaluations of a brand or product. One established way to activate persuasion knowledge is by disclosing the source of the ad or message to consumers, which alerts them to the fact that another party (the brand or organization) is trying to persuade them and stands to benefit from their compliance. Source disclosure has consistently activated persuasion knowledge and lowered evaluations in studies, unless the consumer finds the persuasive tactic to be appropriate. In this case, the consumer's persuasion knowledge is still activated, but it does not negatively affect their evaluations of the brand. Congruency within certain elements of a social marketing message such as the source and the type of message or appeal, has also been shown to be important to consumer responses. Although not explicitly tested, it is possible that congruency plays a role in the consumer's appraisal of whether or not a tactic is appropriate: a persuasive message that appeals to the consumer in a logical way could be more likely to be deemed appropriate by the consumer.

To our knowledge, the PKM, source disclosure, and social marketing have not yet been studied together – we have combinations of two of three research areas and select studies that imply the presence of all three, but none that explicitly study all areas and their relation to one another. Studying the three together is necessary in order to understand persuasive messages that occur in a social marketing context, and whether consumers respond to this type of persuasion in similar ways as they do to persuasive messages to purchase traditional offerings. If consumer responses across contexts are similar, it will be reasonable to assume that consumers respond consistently to persuasion in the same way. However, if consumer responses to social marketing persuasion are unique to that context, there may be other factors involved that only occur in

social marketing. Knowing if this difference exists will help create the most effective messages for the context they are specific to.

## **2. CONTEXT AND RESEARCH QUESTIONS**

The current study combines the theoretical basis of the PKM with source disclosure and social marketing research to assess how target consumers respond to exercise-promotion messages. In this case, our target consumers are individuals who have been diagnosed with Type 2 diabetes. The aim of this research is to better understand how this population responds to advertisements that promote an increase in physical activity, and whether they have similar responses to persuasion in the context of exercise as others do in the context of consumer products and services. This population and area of study were chosen due to the concentration within the population of individuals whose health depends on an increase in physical activity, as well as the potential benefits of learning which physical activity ads are viewed as most relevant, and which will be the most effective for the largest group of people. According to the Canadian Diabetes Association, approximately 11 million people are currently living with diabetes or prediabetes, and 90% of those diagnosed with diabetes have Type 2 (2018). In the United States in 2015, 30.3 million people were diagnosed with diabetes, which translates to 9.4% of the population. Eighty-seven percent of those diagnosed are overweight or obese, and 41% are physically inactive, which is defined as getting ten minutes or less of moderate or vigorous activity per week (National Diabetes Statistics Report, 2017). Both the American and Canadian Diabetes Associations recommend increasing physical activity levels, losing weight, and choosing healthier foods as ways to manage diabetes. Therefore, it is of interest to the researchers to learn how these recommendations are being understood through exercise-promoting advertisements by those diagnosed with Type 2 diabetes.

The pre-test portion of this research follows a patient-oriented research (POR) approach. POR is a relatively recent concept that refers to research done in partnership with patients to improve healthcare (SCPOR, 2018). In this type of research, the term patient refers to individuals with personal experience of a health issue (CIHR, 2018). In this study, patient perspectives were used to evaluate potential stimuli for use in two experimental studies that aim to assess responses from patients with Type 2 diabetes to exercise-promoting advertisements. Patients' perspectives are necessary in the area of appeals and tactics used in such public service advertisements (PSA) because the literature has not yet established clear effects for even the most common appeals. Overall, patient-oriented research better ensures that important decisions and policies made in the healthcare sphere, including health promotion, are being made in accordance with the

patient's needs and wants and are based on evidence from academic research. This research is funded by the Saskatchewan Centre for Patient Oriented Research (SCPOR), which is an organization that works alongside academic researchers to conduct meaningful POR and communicate the results with stakeholders.

## **2.1 HEALTH COMMUNICATIONS**

In order to understand how consumers respond to social marketing messages, it is important to understand a prominent type of social marketing campaign: health communications. The type of health communication that is examined in this study is exercise promotion, which is often communicated to consumers as something easy to incorporate into daily living in order to achieve physical, mental, spiritual, emotion and social well-being (Bercovitz, 2000). Certain health communications (e.g., Canada's Active Living) promote exercise by emphasizing the individual's free will to engage in exercise and thus, achieve better health, but as Bercovitz (2000) argues, exercise research and the way organizations go about promoting it is "socially constructed and politicized" (p.25). These messages are often designed following the "suasion for health" (Vertinsky, 1985; p.72) in which communications are intentionally persuasive in a way that "induces people to voluntarily change their behaviour and perceptions of health" (p.72). While complying with such messages and engaging in exercise does clearly benefit the individual, the end goal of the campaign is to create a fit and healthy population, which limits healthcare costs associated with long term care for chronic illnesses related to sedentariness, all while placing the responsibility on the individual.

Health communication research has investigated how best to propose these ideas to individuals in ways that will be well-received. One area of relevance to this study is the type of appeal used in a campaign. Common appeals include fear, humour and disgust (Das, Galekh, & Vonkeman, 2014). When social marketers use emotional appeals, their intent is to link the socially desired behaviour with something that is of value to the individual, allowing the individual to recognize the direct benefit of their action (Brennan & Binney, 2010). Messages that include fear appeals include aversive outcomes that individuals are meant to feel threatened by, which are incorporated as a way to scare people into performing self-protective behaviours (Hendricks & Janssen, 2017). Often, humour is incorporated into health messages as a strategy to elicit positive emotions, which has been shown to increase positive attitudes toward such ads (Eisend, 2009). Health communications have also begun using disgust as an emotional

motivator. Using disgust creates an “emotion-risk assemblage” (Lupton, 2014) whereby the consequences of one’s actions are depicted in a disgusting way, entangling the negative emotions already associated with risk with the (often visual) revulsion. Although many of these appeals are common in health communications, their efficacy has thus far been inconclusive – most research on appeals can only speak to their efficacy under certain conditions such as message characteristics, characteristics of the individual, demographics, and processing style (Wansink & Pope, 2014). Nevertheless, a wide array of appeals continue to be used in health communications, and their efficacy continues to be studied. For example, health communications have traditionally used fear as a motivator to discourage unhealthy behaviours by communicating the risks and potential negative consequences of continuing these behaviours (Hendriks & Janssen, 2017). However, communicating risks in this way are often felt to be threatening to the consumer, meaning that they are met with defensive responses that reduce the adoption of healthy behaviours (Hendriks & Janssen, 2017). As such, health communication scholars have begun to include humour in messages that communicate threatening information. Combining fear and humour works to some degree; Hendriks and Janssen (2017) found that health messages were more persuasive when communicated with humour, although the threat included in the message played a different role for men and women. Similarly, Lupton (2015) found that despite mounting evidence that the combination of fear and disgust in public health campaigns is particularly effective, some studies show that the shock of such images may cause target consumers to avoid the messages (e.g., Brown & Richardson, 2012; Cho & Salmon, 2006). Guilt and shame are also widely used in exercise-promoting messages, even though it was found by Boudewyns, Turner and Paquin (2013) that shame in health communications is often correlated with anger and perceived manipulative intent, which, as has been demonstrated above, is often associated with lower intentions to comply with the message. However, shame has been found to be effective in social marketing under other conditions including when presented as a loss frame (Duhachek, Agrawal, & Han, 2012), presented abstractly (Pounders, Royne, & Lee, 2018), or as a prevention goal (Pounders, Lee, & Chung, 2014). Because it cannot be said with certainty which appeals work best, it is difficult to know the best application of common appeals.

In two experimental studies, the current research seeks to answer the question, “What types of exercise-promotion advertisements do patients with Type 2 diabetes find most persuasive, and why?” More specifically, “Does consumers’ compliance with persuasive social

marketing messages depend on the source of the message and their awareness of it?” and “Does consumers’ compliance with persuasive social marketing messages depend on the type of appeal that is used in the advertisement?” By answering these research questions, we will have a better understanding of whether consumers respond to persuasive social marketing messages in the same way that consumers respond to persuasion attempts in the traditional marketplace. In order to create the most sound and relevant study possible, a pretest was conducted to select the stimuli for studies one and two. To do so, we relied on our target population of Type 2 diabetes patients. The pre-test, study one, and study two were reviewed and approved on ethical grounds by the Behavioural Ethics Research Board at the University of Saskatchewan (See Appendix A).

## **2.2 PRETEST**

A pretest was conducted before studies one and two as a means of using patients’ perspectives to inform stimuli choice. In this case, the stimuli were the ads that promoted exercise. Patients’ perspectives are necessary in this research as the subject area – appeals and tactics used in exercise-promoting advertisements – does not yet have conclusive results. Because of this, the researchers thought it would be inappropriate to choose stimuli without input from the patients that the stimuli is targeted toward. “Patients” in this case were adults who had been diagnosed with Type 2 diabetes. Involving individuals with Type 2 diabetes in the stimuli selection process aligns with the Canadian Institute of Health Research’s (CIHR) Strategy for Patient Oriented Research (SPOR), which states that “patient engagement is a central tenet of SPOR” and this this means that “patients and their families are at the center of the discussion on health” (CIHR, 2018). Patient oriented research is important due to the gap between clinical research on health interventions and evaluations of these interventions that guide healthcare providers on how and to whom these interventions should be applied. This means that the patients who are receiving care may not necessarily be receiving the type of care that would best suit or benefit them. Bringing patients’ perspectives into academic research bridges this gap, and allows scientific research to be guided and informed by those that would ultimately benefit from this research. Overall, patient-oriented research better ensures that important decisions and policies made in the healthcare sphere are being made in accordance with the patient’s needs and wants, and at the same time are based on scientific evidence from academic research.



## 2.3 PRETEST METHOD

**Participants.** After receiving approval from the Behavioural Research Ethics Board at the University of Saskatchewan, participants were recruited through PAWS bulletins, Kijiji advertisements, and a Facebook post. All recruitment materials were similar in wording, and all stated that only those 18 years and older who were diagnosed with Type 2 diabetes were invited to participate. Recruitment materials also stated that participants would be compensated twenty dollars for parking, inconvenience, and their time. Potential participants then emailed the researcher with their availability, and the researcher and participant worked together to select a meeting time. In total, five participants met individually with the researcher. All participants were emailed individually and their identities were kept confidential.

**Materials.** Materials used for the pretest were advertisements promoting exercise and physical activity. These were gathered from Coloribus advertising database, Google searches, the Diabetes Canada website, and the American Diabetes Association website. Approximately 50 print and video ads were compiled in a folder, then narrowed down to seven ads by the researcher. The final ads were selected based on the inclusion of a range of appeals (e.g., shame, humour, fear) and the clarity of the message depicted in the ads. The first ad used in the pretest was a video called “Big Belly People.” It showed a group of mostly men on a rocky beach either eating, laying in the sand, or walking slowly. The narrator describes the “Big Belly People” as a group that eat whatever they want, never exercise, and have large waistlines – and thus, are at risk for diabetes and heart disease. The second, called “Exercise 30 Minutes a Day,” was a video that depicted a woman chasing a man who stole her purse. She uses all kinds of physical activity to catch him: she runs, bikes, climbs stairs, and eventually physically stops him with a mop. The narrator describes how one can incorporate all these types of activity in day-to-day life. Next was an ad called “Killer Sofa.” This was a print ad that showed an overweight child playing video games on a sofa, surrounded by junk food. The print in the bottom right describes the risks of a poor diet and lack of exercise, as well as steps parents can take to avoid these consequences. Ad number four was a print ad called “Make Room For Play.” It showed an empty basketball court with only a sad, crying basketball on it. The ball was encircled in a text bubble with a time stamp. The text on the ad read, “Screen time is taking away from play time. Make room for play.” The next ad, called “Never Easy” depicted a man and his two daughters at their mother’s grave. Large text reads, “Staying healthy isn’t easy. Then again, neither is dying,” while smaller

text below describes how Type 2 diabetes, stroke and heart disease can be prevented, and to talk to a doctor about your risk for these diseases. Next was “A Toast,” a print ad that depicted a bride holding a photo and the quote, “Mom, I miss you so much...” Text below explains how important it is to be aware of prediabetes, and to do something about it by being active and eating better. Finally, the last ad called “Does Diabetes Run in Your Family?” showed a strong, fit young woman running. Large text read, “Does diabetes run in your family? Be Active,” while smaller text described how prediabetes could develop into Type 2 diabetes if you are not active. Screen shots of each ad are included in Appendix D.

***Procedure.*** After selecting the seven final ads, the researcher began the recruitment of participants. Participants self-selected after viewing one of the bulletins, and then contacted the researcher. Upon arrival to their individual session, participants read and signed a consent form. They were invited to ask any questions throughout the session and were informed that their participation was voluntary and that they could terminate the session at any time without penalty. To begin, the researcher showed the first exercise ad on a large screen. The participant viewed the ad, then completed the corresponding page in a questionnaire booklet. The questionnaire contained questions such as, “If you had to describe an emotion after viewing this ad, what would it be?”, “Do you think this advertisement is relevant to you? Why or why not?” and “Do you think this message is persuasive? Why or why not?” Seven questions in total were asked of each ad; questions were identical for each ad. After viewing the first ad and filling out the questionnaire, participants viewed the next ad and filled out the next set of questions. This continued until all seven ads had been viewed and the full questionnaire booklet had been completed. Next, participants ranked the ads from most persuasive (1) to least persuasive (7). From there, a brief, semi-structured interview was conducted to gain further insight into participants’ choices of most persuasive ads, and to better understand why they may have responded to them the way that they did. Interview lengths ranged from two to ten minutes, and included questions such as, “Can you tell me why you found this ad to be most persuasive?” and “What was it about this ad that made you feel shame when you viewed it?” Interviews were audio recorded and transcribed by the researcher. Participants were then thanked and given twenty dollars as compensation.

***Analysis.*** Both participants’ questionnaires and recorded interviews were analyzed using thematic analysis, which is a method used for identifying, analyzing and reporting patterns

(themes) within data (Braun & Clark, 2006). In thematic analysis, the researcher identifies “codes,” or units of meaning, within the dataset. These codes will eventually become themes that will serve as the basis for analysis. To begin, interviews were transcribed verbatim. The researcher then followed Braun and Clark’s (2006) outline for how to conduct thematic analysis, which begins with the researcher becoming immersed and familiar with the data. This involved reading and re-reading transcripts and questionnaires. Next, codes were identified and extracted from the dataset. This was done using line-by-line coding and meant that codes could be a single word, a sentence, a full line of text, or a phrase. It was up to the researcher to decide which pieces of data were meaningful and useful, and to record each piece of data. This led to approximately 420 individual codes. From these codes, the researcher began to organize codes into coherent categories that would eventually become themes. Codes were read and organized one by one, and a new potential theme was created each time a code did not fit into an existing theme. At the end of this step, most codes had been sorted into a total of 22 themes; others that were irrelevant or not meaningful were discarded. Discarding of codes occurred when the unit of meaning was only mentioned once or if it was not helpful in understanding the data. Upon further analysis of the themes, including studying the possible relationships between themes and subthemes, the initial 22 were reduced to four main themes: 1) “That could be me,” 2) The real story of obesity, 3) The power of positivity and 4) The harm of judging. These themes helped the researcher understand what participants were thinking and feeling when they viewed the ads, and most importantly, the underlying reasons that made them feel that way. Original transcripts are available in Appendix B.

## **2.4 PRE-TEST RESULTS**

***“That Could Be Me.”*** This theme was extracted from the data from the number of times participants saw themselves or a former version of themselves in an advertisement. Participants identified with the subjects in the experiences they were shown to be going through, such as a family member attending a funeral, the similarity in their physical appearance, or the shared necessity to get more physical activity. When participants identified with the subjects depicted in the ads, they found the ad to be more persuasive. This is likely due to the fact that the advertisement became more real, and more relevant, when they could put themselves in the subject’s shoes.

Participants noted that ads seemed to become more personal when they viewed themselves as the person in the ad. As one participant explained, “I have the extra weight that those in the advertisement do.” Having this physical similarity meant that he found the ad to be relevant to him, as he could have been one of the people in the ad. Some participants also found that they identified with the subjects in the ads who were going through an experience that they had gone through. One ad portrays a young family attending a mother’s funeral, and led the viewer to believe that the mother had died from diabetes-related ailments. Participants who had had similar experiences found ads like these to be most persuasive: “You know, it’s never easy. My mom died way too young. And so this is really poignant to me because you see the dad and two kids. I thought, ‘yeah, that puts it in black and white – this is the alternative.’ That’s why I think it’s persuasive.”

Even those who did not share having such an experience found that the possibility that this could be what their future holds was persuasive enough. As one participant said, “I do think that I focus more on death when I eat poorly or don’t exercise.” This could mean that although the scene in the ad has never been a reality for her, the possibility of it becoming *her own* reality is highlighted when she puts her health on the backburner. Participants also found that they could identify with those in the ads in their shared need to be more active. If they saw someone who was making small, healthy changes in their life, they realized that that was something they needed to be doing as well, and that it was within their reach: “It makes it seem easy, and you kind of think, ‘wait a minute, I could take the stairs instead of taking the elevator.’” Identifying with the ad’s subjects played a role even when personal relevance was absent; when participants could not see themselves as those in the ad, the ad lost meaning for them: “For myself, no, this ad is not relevant. I have already begun to make healthy lifestyle changes.” This may indicate that the person in the ad is a former version of themselves – one who is less healthy and who still needs to make changes, but that they are not that person anymore because of the lifestyle changes they have implemented.

This theme assumes that our participants are aware that their lifestyle has an impact on their health, and that given the right provocation, they are willing to make changes. This is evidenced by the way participants conceded that after viewing “themselves” they knew that they could be doing better. This is likely to be the case because of years of hearing well-intentioned advice from family members, friends, and doctors about the benefits of getting more exercise.

Seeing oneself in an ad encouraging more exercise is likely to drive that point home, and perhaps an unfiltered look at “themselves” is needed in order to make such a connection. The data from this theme can be very valuable in deciding what type of subjects to use in future advertising – it is apparent that the best way to persuade a diabetic individual to exercise more is to have the message come from someone who is similar to them, whether that similarity is from a shared experience, physical appearance, or personal habits.

***The Real Story of Obesity.*** This theme highlighted the need for diabetes advertising to show the real story of obesity – that being overweight is not always as it appears. Participants found that when ads depicted overweight people as sedentary or lazy, it was very frustrating because there are many more factors that contribute to body composition than level of physical activity. One participant understood the point of the ad, but felt it was misguided: “I understand that they were pushing that obesity can cause diabetes or heart and stroke issues, but it doesn’t really look at some of the underlying causes. I know some of my friends who are overweight but it’s not because they’re not active or that they just eat whatever they want, but they have other health issues that prevent them from losing weight – from being the ideal weight.” Other participants mention specifically what these other factors are: “I didn’t choose to be like this. Yes, some of it’s my lifestyle, some of its medications to control my heart, and there are other factors in it. This makes it seem like we’re all a bunch of lazy asses, sitting around on a beach doing nothing,” “I don’t see myself as that. Yes, I have a bit of a belly but, you know what, it also comes with insulin dependency, right? You have to shoot it up all over and the most common place to stick it is your stomach.”

Most participants who viewed ads that depicted overweight people as lazy responded negatively to them: “This made me annoyed; it was very discriminating against those who may have other health issues relating to weight.” From the participants’ responses – all of whom were overweight – it was clear that feelings of being misunderstood are common. Without thinking critically about why someone might be overweight, it is easy to assume that they lack the discipline to exercise regularly, which is not always the case.

Western society’s “thin ideal” and recent focus on health and fitness likely gave rise to the overarching opinion that ‘fat is bad’ and that those who are overweight have no one but themselves to blame. Our participants, and likely others like them, feel frustrated due to a lifetime of misplaced judgement about their bodies and their health. In reality, most people,

especially those who are already at risk from having diabetes, are doing their best to live a healthy life. A powerful statement from one participant was, “I try to do good things, but [diabetes] takes years off my life.” In knowing this, advertisers need to be more cautious about the assumptions they make, even when it is to promote healthy behaviour. Failing to address factors beyond an individual’s control does not portray the “real” story of obesity, and therefore does not motivate.

***The Power of Positivity.*** The power of positivity was repeated across many ads and across many participants. The basic tenet of this theme is that a positive message or image is much more motivating than a negative one, or one that shames or guilt the viewer into compliance. One of the most meaningful components of this theme was the need to demonstrate to viewers *how* they can become more active, as opposed to merely telling them that they should be. A persuasive ad is one that shows the viewer what physical activity might look like for the everyday person, “I think... what’s important is to show people how to get active. Everyday things like riding a bike, walking, running, doing stairs – [the ad] just gives you so much in an encapsulated little piece of time.”

One participant was especially motivated by a positive ad because “It isn’t preaching, it’s demonstrating how to get active.” Participants were also persuaded by positive, healthy images in ads – they found them to be motivational: “This girl inspires you to be fit and active. [If I saw this] in a doctor’s office I would say, ‘wow, yeah look at her!’” and many aspired to be more like the people in the ads, “It shows a strong woman and that motivates me.” Despite being of different age, gender, and physical activity level, all participants felt strongly about the positive messages in ads. This could mean that positivity is more important when reaching an audience than having the viewer identify with the person in the ad.

Surprisingly, participants sometimes did not identify with the subject, but still enjoyed and were motivated by these images, “I don’t see myself as an athlete. But it is motivating to be active. This is a healthy image.” This theme assumes that people desire to be healthy and achieve physical fitness – no matter their current health situation. Most people, and likely those with diabetes in particular, know how important it is to work to maintain their health, and the way that our participants responded to positive messages underlined that idea. The fact that participants gravitated toward messages and images that portrayed healthy individuals, athletes, and people

participating in fitness may mean that they are at a place where they are ready to work towards a goal that gets them closer to what they see in these ads.

According to Merton's (1957) Reference Group Theory, athletes depicted in ads may be part of participants' aspirational reference group. That is, a group that is looked to and modeled after when preparing to transition into new social roles. This theory states that people are drawn to those in aspiration groups because the perceived upward mobility of orienting themselves toward a superior group outweighs the comfort of remaining in their peer group. For this particular group of participants, this may mean that they see themselves as willing and able to put in the effort to engage in physical activity, and because of this they relate more to healthy, athletic people than to sedentary people. In some ways this is similar to the theme "That Could Be Me," but participants were persuaded by positive images across the board, whereas they were persuaded by other images such as death or the need for more exercise only if they could personally relate. Because social marketing is widespread and difficult to control who are in contact with it, this theme lends support to the use of positive imagery in exercise-promoting ads.

***The Harm of Judging.*** The final theme for this dataset is called "The Harm of Judging" and refers to the way certain ads can make people feel judged or humiliated. Participants felt that overweight or sedentary people in ads were being judged, and that based on the similarity of their bodies, they too are judged. Judgement from others, whether real or perceived, has negative outcomes for the individual: "If I get out and exercise, people are gonna look at me, like that guy [in the ad] is looking at those people. So if I'm in the gym, even if it's, like, a judgement-free zone, people are still judging me based on what I look like, and why haven't I changed – why can't I change," "It makes people feel guilty and that can lead to worse habits."

Many participants found that shame and guilt in ads felt pervasive – as if it was coming from society as a whole, "That doesn't encourage people to do more exercise because it makes them feel sad, and like society doesn't let them – they think they're lazy and don't eat healthy food." Based on the fact that guilt was a sub-theme woven throughout this theme, the roots of it may be based on the idea that in some way, participants are judging themselves in the same way that they believe society to be judging them. From what has been shown in previous themes, participants *want* to be healthy and active, and if they are not where they want to be in terms of fitness, they may engage in some form of self-judgement. If judgement from others can impede

achieving fitness goals, it is reasonable to assume that judgment from oneself can do the same. This theme is directly related to The Power of Positivity – the “power of negativity” has an equally powerful effect. It is clear from the results of these two themes that inspiring messages that may not be entirely relatable to viewers are much more effective than relatable images that cause guilt and unpleasant feelings.

Together, these themes illustrate the need for people with diabetes to feel understood. Their condition is complex, and this must be addressed in the ads that target them. Ads that they find to be derogatory or hurtful are not effective, and neither are ads that neglect the complexities of their condition. Ads that include subjects and experiences that viewers can identify with likely work because they feel that they are being understood. These findings are interesting alone, but are of course also crucial to the larger study we are conducting and the research questions we intend to answer. Participants’ responses combined with their ranking of each ad allowed the researchers to select three ads to be used as stimuli for studies one and two: “Big Belly People,” “Never Easy” and “Does Diabetes Run in Your Family?” These ads were selected due to the strong and polarized responses from participants. When combined and averaged, participants ranked “Run” as most persuasive, “Belly” as least persuasive, and “Never Easy” as relatively neutral. “Run” is used in Study one and all three ads are used in Study two. These ranks are consistent with their responses and the themes that were identified, including participants’ disliking of feeling judged or misunderstood, and their appreciation of positive imagery and instructive advertising. The themes identified seem to overlap significantly with the appeals that are present in the ads: “Run” represents a positive appeal and corresponds with The Power of Positivity; “Belly” a shame appeal with The Harm of Judging; and “Never Easy” a fear appeal with That Could be Me. These appeals will be manipulated and tested in Study 2.



### 3. STUDY 1

The primary purpose of study 1 was to establish whether a prime can activate participants' persuasion knowledge, and test whether this activation would lead to less favourable attitudinal responses to an ad. When used in research, a prime is a stimulus that purposefully facilitates the processing of subsequent stimuli due to the recent processing of the prime (Marsolek, 2003). In most cases, a prime allows participants to draw associations between concepts or ideas, thereby "helping" them draw certain conclusions. In the current study, the prime was used to facilitate participants' processing of the intentions of the source of the ad by first explaining how certain organizations can benefit when the consumer complies with their ad. Explaining the potential for organizations behind the ads to gain from the consumer's compliance allowed participants to associate the positive outcomes for the organization with their motivation to persuade the viewer, thus priming their awareness of a possible ulterior motive. Priming has also been called "semantic preparation," and is described as one concept node activating others that are semantically similar until they reach an intersection (Collins & Loftus, 1975). The concept of priming has been used extensively in marketing and persuasion research (e.g., Chang, 2014; Légal, Chappé, Coiffard, & Villard-Forest, 2011; Strahan, Spencer, & Zanna, 2002; Yoo, Peña, & Drumwright, 2015).

More negative responses following persuasion knowledge activation would be the first step in examining the comparison between activated persuasion knowledge in the traditional marketplace and in a social marketing context; as was demonstrated in the literature above, activating persuasion knowledge in regards to the exchange of products and services consistently results in lowered behavioural intentions and negative attitudes toward the brand or persuasion agent. If activated persuasion knowledge is followed by less favourable attitudes in the current study, we can tentatively say that persuasion functions similarly in the marketplace and social marketing. The second purpose of Study 1 was to test whether the source of the message impacted participants' attitudes toward the ad and the behaviours it proposed. Manipulating the source is another, less explicit way of activating participants' persuasion knowledge – by making it obvious that someone wants to change their behaviour for their own benefit, we alert participants to the presence of persuasion, thus activating their persuasion knowledge and possibly changing the way they view the exchange. In this case, the benefits of a successful persuasive attempt would be realized by either Health Canada or the insurance company we have

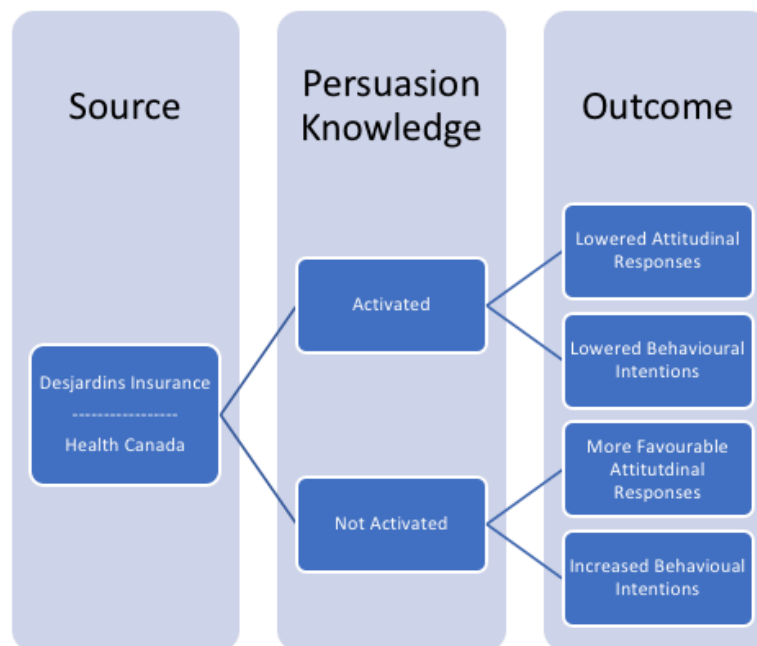
chosen to include, Desjardins Insurance. Health Canada benefits from persuading more people to exercise by lowered costs for the public healthcare system. Exercise leads to better health, which means less risk for obesity-related illnesses, which in turn equals less strain on the healthcare system's resources, ultimately saving Health Canada money. Similarly for Desjardins Insurance, lowered risk for disease means that the likelihood of having to cover a customer's care is decreased, and they also save money. Health Canada was chosen for its familiarity, and Desjardins was chosen for the clarity of its aim and logo; we anticipated that participants would understand the roles and objectives of both organizations based on these features. In order to ensure the inclusion of the sources would be most effective, they were both prominent and included a logo, as was demonstrated in Wojdyski (2016) to be most effective in recognition of sponsorship.

### **3.1 STUDY 1 METHOD**

**Participants.** Participants were 122 adults 18 years or older with Type 2 diabetes who were recruited via email through the research platform Ekos. This number was chosen based on recommendations from Karadag and Aktas (2012), who state that the ideal number of participants per condition in an ANOVA with four conditions is nineteen or more. These recommendations are based on number of groups, power, and effect size. Over half the participants were female ( $N = 69$ ), one did not disclose, and the remainder were male ( $N = 54$ ). The largest group of participants (33.1%) were between the ages 65 and 74, followed by the 55 - 64 range (29.8%) and 45 - 54 range (17.7%). Few participants' diagnoses were recent – only 8.1% reported being diagnosed within the past year, with the majority being diagnosed over 20 years ago (39.5%). Participants reported feeling quite (48.4%), extremely (25%), or fairly (21.8%) knowledgeable about their condition. Most participants had either a bachelor's degree (25%), training in a trade (24.2%) or some college credit (18.5%), with the most frequent income range between \$50,000 and \$74, 999. Ekos' recruitment ensured that the sample was representative of the population in terms of geographical location.

**Design.** Study 1 followed a 2 x 2 between-subjects design, with participants randomly assigned to conditions. The researcher programmed the online questionnaire using the Voxco research platform. To do this, each question and stimulus was added to the survey and altered so certain stimuli were only visible in certain conditions. Programming also included branching questions, setting timers to inhibit skipping through viewing the stimuli, and creating sound response

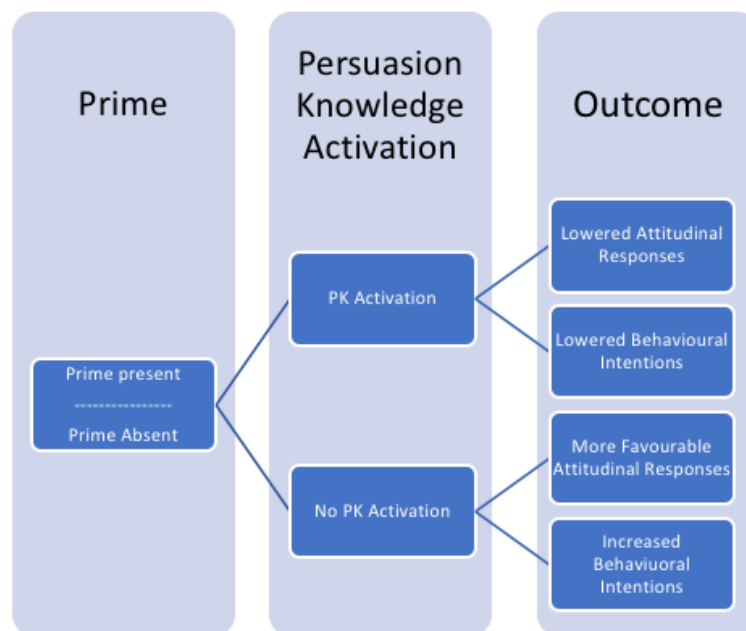
scales. Variable one was an ulterior motive prime, which was either present or absent. The prime was a brief article about how social marketing works, and how organizations and companies can benefit from the consumers targeted by social marketing. This was included to inform participants who otherwise might not be aware of the mechanisms of social marketing and public service advertisements, and about who benefits from a seemingly beneficent exchange, and how. Participants who were not primed with this article may have still been aware of how social marketing works, but we did not anticipate the effects to be as pronounced. The second variable that was manipulated was the source of the message, either Health Canada or the insurance company Desjardins. The two sources used represent opposing ends of a spectrum of organizations that can benefit from the health behaviours of an individual. The hypothesized relationships are below (Figures 3.1 and 3.2).



**Figure 3.1 Hypothesized Relationship Between source and Outcome**

**Stimuli.** The stimuli used in both studies were chosen based on the responses from the participants in the pretest. Participants in the pretest viewed and rated the seven ads from most to least persuasive. This left us with the three ads that had been rated as most, least and neutrally persuasive. The ads were, “Does Diabetes Run in Your Family?” “Never Easy,” and “Big Belly People.” Study one used only “Does Diabetes Run In Your Family?” which was rated as most persuasive. This ad was chosen because we intended to measure participants’ attitudes toward

the differences in source and prime without any confounding effects that may have occurred due to existing negativity toward the ad. The ad features a young, athletic woman running and the



**Figure 3.2 Hypothesized Relationship Between Prime and Outcome**

text, “Does diabetes run in your family? Without weight loss and moderate physical activity, 15-30% of people with prediabetes will develop Type 2 diabetes within 5 years. Be Active.” Screen shots of each ad are included in Appendix D.

### ***Measures.***

***Attitude Toward the Ad.*** Attitude toward the ad (*Aad*) was measured using three items that asked participants to rate their impression of the ad. Items each had a 5-point response scale that ranged from extremely negative to extremely positive, extremely unfavourable to extremely favourable, and extremely unpleasant to extremely pleasant (Cronbach’s  $\alpha = .901$ ,  $M = 3.63$ ,  $SD = .89$ ; adapted from Boerman et al., 2012).

***Attitude Toward the Source.*** Attitude toward the source was measured using the same response scales as *Aad* (Cronbach’s  $\alpha = .949$ ,  $M = 3.45$ ,  $SD = .87$ ; Boerman et al., 2012).

***Perceived Credibility.*** Perceived credibility of the source was measured using three 5-point scales (1 = strongly disagree to 5 = strongly agree) which asked participants to rate their level of agreement with the statements, “I think the source of the ad is trustworthy/credible/unbiased.” This scale was adapted from Gaziano and McGrath’s (1986) News Credibility Scale (Cronbach’s  $\alpha = .88$ ,  $M = 2.87$ ,  $SD = .271$ ).

***Behavioural Intentions.*** Behavioural intentions measured participants' responses to three items about their intentions regarding beginning an exercise regime (drawn from existing literature e.g., Paek & Hove, 2017). Participants responded to the statements, "At present time, I do not intend to begin a regular program of exercise" (reverse coded), "After viewing this advertisement, I intend to take the action that it recommends" and "after viewing this advertisement, I will seriously think about exercising more" on a 5-point scale from 1= strongly disagree to 5 = strongly agree.

***Persuasion Knowledge Activation.*** Inference of manipulative intent (Campbell, 1995) was used as a scale to measure persuasion knowledge activation. Using this 6-item scale, we asked participants how strongly they agree with the following statements (1 = strongly disagree to 5 = strongly agree), "The way this ad tries to persuade people is acceptable to me (R)," "The advertiser tried to manipulate the audience in ways I don't like," "I was annoyed by this ad because the advertiser seemed to be trying to inappropriately manage or control the consumer audience," "I don't mind this ad; the advertiser tried to be persuasive without being excessively manipulative (R)," "This ad was fair in what was said and shown (R)," and "The source of the message has an ulterior motive for showing this ad" (Cronbach's  $\alpha = .894$ ,  $M = 2.88$ ,  $SD = .27$ ). A confirmatory factor analysis was conducted with all items loaded strongly on one factor; total variance explained was equal to 67.4%. Because this scale has previously been used in the literature to measure persuasion knowledge activation, it will be referred to as persuasion knowledge (PK) for the remainder of the results sections.

### ***Control Variables.***

***Self-Efficacy in Managing Chronic Disease Scale.*** The Self-Efficacy in Managing Chronic Disease Scale (Lorig, Sobel, Ritter, Laurent, & Hobbs, 2001) was included to identify any group differences in self-efficacy. The rationale behind its inclusion was that those participants who reported low self-efficacy in managing their disease might be more likely to display lowered behavioural intentions, even if they found the ad to be persuasive. Any observed differences were taken into account when interpreting the results. This is a 6-item scale that measures participant responses to questions such as, "How confident do you feel that you can do things other than just taking medication to reduce how much your illness affects your everyday life?" from 1 = not at all confident to 10 = totally confident. The included scale was modified to become a 1-5 scale, in keeping with the remainder of the scales used in the questionnaire.

***Attitude Toward Government Regulation.*** We included a 1-item measurement of attitude toward government regulation, modified from Berry, Carter, Nolan, Dal Grande, & Booth (2017).

Participants responded to the statement, “Government should regulate the way exercise is advertised and marketed” on a 5-point scale (1 = strongly disagree to 5 = strongly agree).

***Current Activity Level.*** Current activity level was measured using Diabetes Canada’s assessment of physical activity level. Participants responded to one item (What best describes your current level of activity?) with either 1) low: less than 10 minutes of vigorous activity per week; 2) moderate: approximately 150 minutes of moderate to vigorous activity per week; or 3) high: more than 150 minutes of activity per week, including more than 75 minutes of vigorous activity (Canadian Diabetes Association, 2018).

***Attitude Toward Exercise.*** Participants were asked to respond to two items regarding their attitude toward exercise, “Exercise makes me feel better overall” and “Exercise is an activity I enjoy doing.” Participants responded to these items on 5-point scales (1 = strongly disagree to 5 = strongly agree), adapted from the Rapid Assessment of Physical Activity (Topolski, LoGerfo, Patrick, Williams, Walwick, & Patrick, 2006).

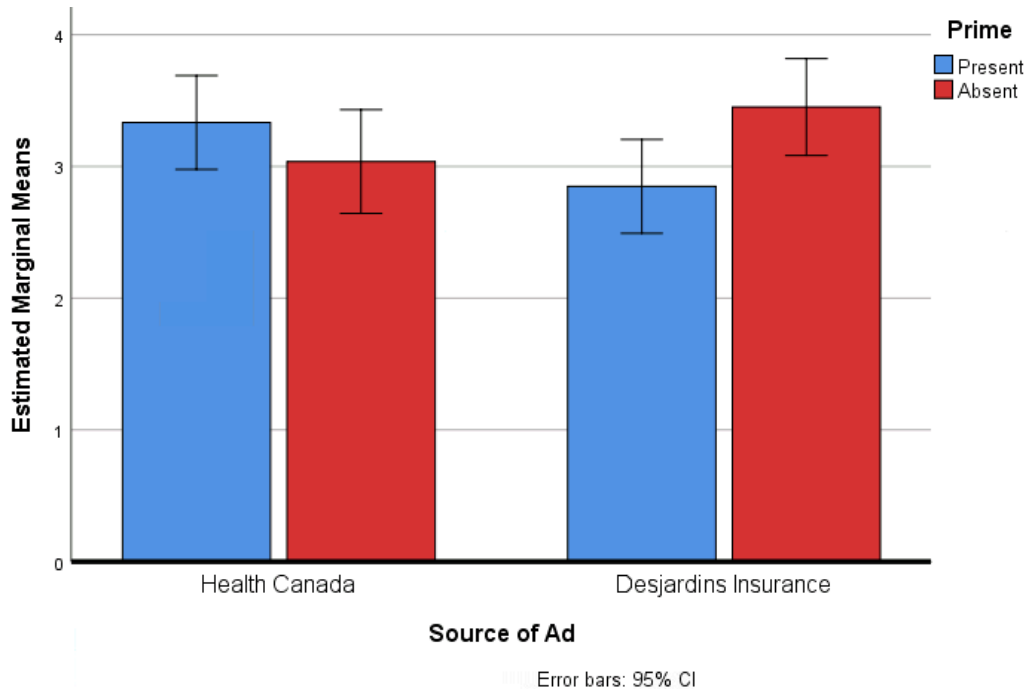
***Procedure.*** Participants were invited to participate in the online study via email through the Ekos research platform. The email indicated that if the receiver was 18 years or older and had been diagnosed with Type 2 diabetes, their participation was appreciated. If the above conditions were met, participants were redirected to the study through the Voxco platform, where they were first presented with the online consent form (Appendix C). A screening question followed the consent form in order to double check participants’ status as a diabetes patient. If they answered ‘no’ to the question, “Have you been diagnosed with Type 2 diabetes?” they were screened out and exited from the study. Participants who answered ‘yes’ continued on to the first page of the condition they were randomly assigned to. Approximately half the participants began with a page that showed the prime. The prime explained how both Health Canada and insurance companies can benefit from an individual’s increase in activity, and why they might want to persuade the public to exercise more (See Appendix F for prime). Following the prime, participants viewed instructions about the ad they were about to see that instructed them to look at the ad for 15 seconds. Those in the no-prime condition viewed the instructions immediately after they passed the screening question. Following the instructions, all participants viewed an exercise-promoting ad that depicted an athletic woman running and the text, “Does diabetes run in your family?”

Without weight loss and moderate physical activity, 15-30% of people with prediabetes will develop Type 2 diabetes within 5 years. Be Active.” The source’s logo was in the bottom right-hand corner and was either the Health Canada logo or the Desjardins Insurance logo, depending on the condition (for stimuli from studies 1 and 2, see Appendix D). After viewing the ad, participants completed the 41-item questionnaire (Appendix E), after which they were redirected to Ekos’ survey completion message.

**Analyses.** One-way between-subjects ANOVAS were conducted to compare the effects of both the source of the ad and the presence or absence of the prime on self-efficacy, government regulation, current activity level, and attitude toward exercise. Multiple two-way between-subjects ANOVAS were conducted to examine the effects of the prime and the source of the ad on attitude toward the ad, attitude toward the source, persuasion knowledge, perceived credibility and behavioural intentions. Using Hayes’ (2018) PROCESS for SPSS, simple mediation analyses were conducted, as well as moderated mediation analyses.

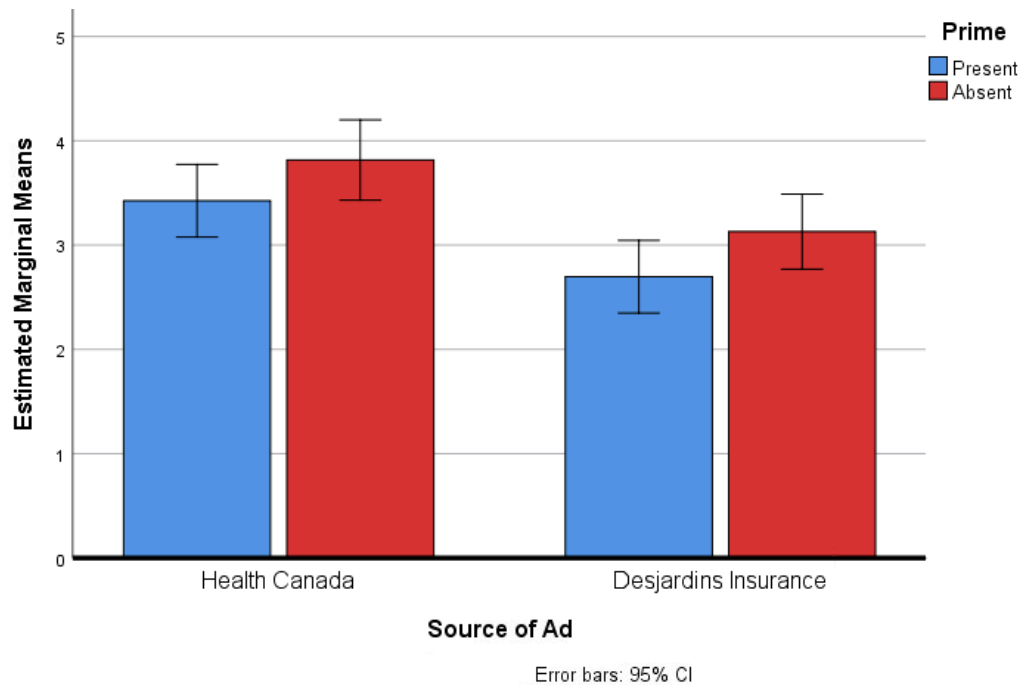
### 3.2 STUDY 1 RESULTS

Results of the two one-way ANOVAS indicated that there were no significant differences between group means in any of the control conditions. These non-significant results indicate that all participants were relatively equal across these measures, and therefore they cannot be said to influence their responses on any dependent measures. Results of the two-way ANOVAS indicated that there was a main effect of the source of the ad on attitude toward the source,  $F(1,120) = 8.74, p = .004$ , with Health Canada ( $M = 3.68, SD = .75$ ) as the source of the ad generating more favourable attitudes than Desjardins ( $M = 3.23, SD = .92$ ). There was a significant main effect of source of the ad on perceived credibility,  $F(1,120) = 19.43, p < .001$ . Health Canada generated higher ratings of perceived credibility ( $M = 3.91, SD = .72$ ) than Desjardins ( $M = 3.31, SD = .78$ ). There was a significant interaction between the source of the



**Figure 3.3 Estimated Marginal Means of Intent to Begin a Regular Program of Exercise** ad and the prime on participants' intention to begin a regular program of exercise  $F(1,120) = 5.83, p = .017$ . The interaction indicates that when the prime is present, participants' intentions to begin a program of exercise are higher in the Health Canada condition ( $M = 3.33, SD = .99$ ) compared to the Desjardins Insurance condition ( $M = 2.85, SD = .97$ ), but when the prime is absent, participants' intentions to begin a program of exercise are higher in the Desjardins Insurance condition ( $M = 3.45, SD = .89$ ) than in the Health Canada condition ( $M = 3.04, SD = 1.29$ ) (see Figure 3.3). There were no other significant relationships with the remaining behavioural intentions measures. There was a main effect of source of the ad on participants' perception of the source as unbiased  $F(1,120) = 15.05, p < .001$ , with participants' perceiving





**Figure 3.4 Estimated Marginal Means of Source Unbiased**

Health Canada ( $M = 3.62$ ,  $SD = 1.01$ ) to be less biased than Desjardins Insurance ( $M = 2.91$ ,  $SD = 1.04$ ). There was also a main effect of the presence of the prime on participants' perception of the source as unbiased  $F(1,120) = 5.1$ ,  $p = .026$ , which indicated that participants perceived the source to be less biased when the prime was absent ( $M = 3.47$ ,  $SD = 1.05$ ) than when it was present ( $M = 3.06$ ,  $SD = 1.08$ ), regardless of the source (see Figure 3.4). This item was isolated from the perceived credibility scale, which did not produce any significant results. Because the three items were unique in what they measured, it was thought to be appropriate to analyze the three items separately to uncover any significant results. Finally, there was a main effect of the source of the ad on participants' beliefs that the source of the ad had an ulterior motive  $F(1,120) = 9.12$ ,  $p = .003$ . Participants displayed higher beliefs about the source having an ulterior motive when the source was Desjardins Insurance ( $M = 3.41$ ,  $SD = 1.28$ ) compared to when the source was Health Canada ( $M = 2.73$ ,  $SD = 1.25$ ). This item was taken from the Inference of Manipulative Intent Scale. While the remaining five measures ask respondents whether they believe the ad or the tactic used to be fair, manipulative or appropriate, this item is the only one that explicitly asks whether participants believe there to be an ulterior motive on the part of the source. Because of the explicit phrasing and the incongruity in the objective of the question, we believe that isolating this item is appropriate and necessary.

Mediation analyses were conducted with Hayes' PROCESS model 4 to assess whether participants' attitudes and intentions were mediated by persuasion knowledge activation. No significant mediations were found. Moderated mediation analyses (model 7) were also conducted to assess whether the presence of the prime moderated persuasion knowledge activation, and thus attitudes; no significant moderated mediations were found.

**Discussion.** Participants' differences in attitude toward the source indicate that they did seem to be aware of the source's intentions. With more positive attitudes directed towards Health Canada, it appears that although the two organizations were presenting the same information, participants felt that it was more appropriate coming from Health Canada in this scenario; alternatively, it could be because they feel more positively towards Health Canada than an insurance company in general. This may be because of the congruency between exercise promotion and Health Canada, or it may be due to the lack of understanding regarding how Health Canada can benefit from the compliance of social marketing consumers (e.g., save on healthcare costs). These reasons may also influence why Health Canada was perceived to be more credible than Desjardins.

Despite the obvious prime, persuasion knowledge was not activated as a result of reading the article, and in fact, did not appear to be activated under any other conditions. This lack of activation may be due to that fact that despite including what seemed like clear explanations of how persuasion is present in social marketing, participants were still not aware of how the organization was using persuasive tactics on them. If they were not aware of the presence of persuasion, their persuasion knowledge would not have been activated. Alternatively, participants may have activated their persuasion knowledge and still responded fairly positively. This finding can be explained by the PKM, which states that if consumers encounter a persuasive tactic and appraise it as appropriate, they will still activate their persuasion knowledge, but it will not negatively affect their evaluations of the ad. Study 2 aims to further test this idea.

The interaction effect that took place between source and prime on intent to begin a program of exercise revealed that when the prime was present, participants showed higher behavioural intentions when the source of the ad was Health Canada. This may be due to the fact that although participants were made aware of the intentions of both sources through the prime, they felt that exercise promotion was more congruent with Health Canada than it was with Desjardins Insurance, which has been shown to increase the persuasive nature of behaviour

change messages (e.g., McKay-Nesbitt & Yoon, 2015; Pounders, Lee, & Royne, 2018). When the prime was absent, participants showed higher behavioural intentions when the source was Desjardins Insurance.

In two separate main effects, participants found Health Canada to be less biased than Desjardins Insurance, and found the source to be less biased when the prime was absent. These results may indicate that the path by which Health Canada benefits from consumers' compliance with the intended behaviour change is less well understood than that of an insurance company. That is, the long-term benefits of lowered healthcare costs that Health Canada stands to gain may be perceived as less direct and less profitable than those realized by Desjardins when consumers engage in more frequent exercise. It is possible that participants felt that an increase in their health (e.g., from an active lifestyle) directly benefits an insurance company such as Desjardins, while the benefits Health Canada reaps are more diluted.

Participants also perceived the source to be less biased when the prime was absent, indicating that in this case, the prime did appear to make participants more skeptical of the motives of the source of the ad by explaining how each can benefit from their compliance. This means that regardless of the source, participants felt that the source was more biased when they fully understood the motives the source had for wanting to change their behaviour, which was the intended function of the prime. Finally, participants more strongly believed that the source of the ad had ulterior motives when the source was Desjardins Insurance as opposed to Health Canada. This result is likely connected to the idea that the potential benefits for an insurance company are more clear-cut and direct than those of Health Canada, making inferences about an ulterior motive more direct and therefore higher in the Desjardins condition.

#### 4. STUDY 2

The prime from Study 1 did not have the intended effects of activating persuasion knowledge; it was therefore dropped for Study 2. In the absence of the prime, the main purpose of Study 2 was to establish whether persuasion knowledge could be activated via another route: the type of appeal used in the ad. Study 1 only used one ad, and therefore only one appeal, which was a positive/encouraging appeal. Using multiple appeals in Study 2 was done in part to understand which appeal participants find most persuasive, appropriate and favourable, but also because the possible combinations of appeal and source are likely to trigger persuasion knowledge activation to varying degrees. That is, it is possible that the appeals in the ads will trigger an emotional response from the participant, which may cause them to evaluate the source and its motives differently than they would have without an emotional response. As we know from Study 1, the source of the ad has an effect on participants' attitude to the source, the source's perceived credibility and biasedness and participants' intentions to begin a program of exercise. These results lead us to suspect that when combined with different appeals, some which may be unpleasant for the viewer, the source of the ad may have an even more pronounced effect on participants' attitudes.

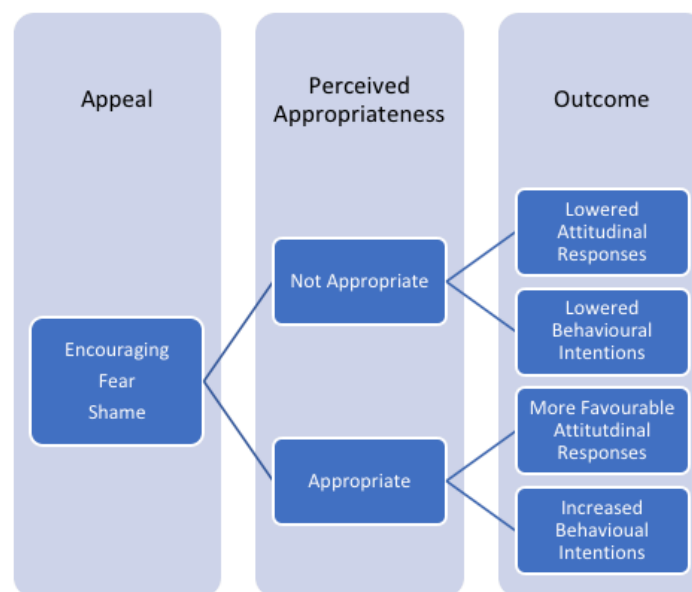
##### 4.1 STUDY 2 METHOD

**Participants.** Participants were 124 adults 18 years or older who had been diagnosed with Type 2 diabetes and were recruited following the same procedure as those in Study 1. This number was again chosen based on Karadag and Aktas (2012)'s recommendations. The authors recommend that in ANOVA analyses with six conditions, at least fifteen participants per condition are required. Participants were 57.3% male and 42.7% female with the most frequent age range being 65 – 74, followed by the 55 – 64 year range. The majority of participants (41.1%) had been diagnosed in the past 20 years, with 50.8% of respondents reporting to be “quite” knowledgeable about their condition. Participants' education levels were fairly widespread, with the greatest percentage (30.6%) having completed a bachelor's degree.

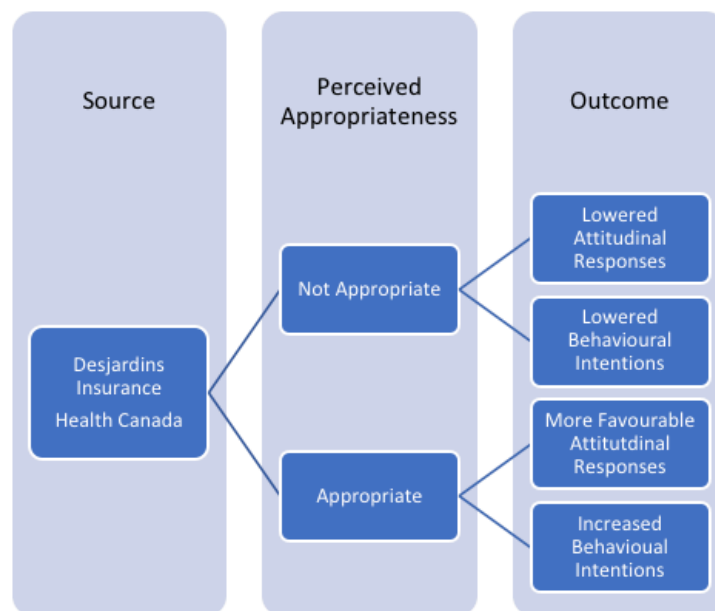
**Design.** Study 2 followed a 2 (source: Health Canada vs. Desjardins Insurance) x 3 (appeal: encouraging vs. fear vs. shame) between-subjects design. Participants were randomly assigned through Voxco software to one of the six conditions. The encouraging appeal used the same ad as was used in Study 1, “Does Diabetes Run in Your Family?” The fear appeal ad, “Never Easy”, depicts a family – two young children and a father – at a cemetery with the text, “Staying healthy isn't easy. Then again, neither is dying,” and some information and recommendations in smaller

text. The shame ad, “Big Belly People,” features a group of overweight adults at a beach, and in front of them, a man appearing to explain the text, “These are the big belly people. They never get any exercise and they eat whatever they want. Their lives are at risk – excessive fat produces toxins that can harm the heart. This is the cause of heart attacks, strokes and diabetes.” Text below the source logo reads, “Watch your waistline. Exercise regularly and eat healthy foods.” All ads’ sources were clearly visible in the bottom left corner. Hypothesized relationships for Study 2 are below (Figures 4.1 and 4.2).

**Measures.** Study 2 employed the same dependent and control measures as Study 1. It also included an additional open-ended question that participants answered immediately after viewing the ad: “What do you think the purpose of this ad is?” as well as a manipulation check to be completed after all dependent variable measures. This question asked participants the extent to which they felt the emotion associated with the appeal within the ad (e.g., responding to, “How did you feel after viewing this ad?” with 1= not at all ashamed to 5 = completely ashamed).



**Figure 4.1 Hypothesized Relationship Between Appeal and Outcomes**



**Figure 4.2 Hypothesized Relationship Between Source and Outcomes**

Study 2 also used 3 items from the Inference of Manipulative Intent Scale to measure perceived appropriateness of the persuasive tactic used. The three items are: “The way this ad tries to persuade people is acceptable to me (R),” “The advertiser tried to manipulate the audience in ways I don't like,” “I was annoyed by this ad because the advertiser seemed to be trying to inappropriately manage or control the consumer audience.” Participants responded to these statements on a 5-point scale from 1 = strongly disagree to 5 = strongly agree. This measure was included due to its established influence on consumer attitudes. It has been demonstrated that it is possible for consumers to activate persuasion knowledge and still feel positively toward an ad, product or organization if they feel the persuasion tactic to be appropriate (e.g., De Pelsmacker, Cauberghe, & Dens, 2011; Isaac & Grayson, 2017; Wei, Fischer, & Main, 2008). We believe that appropriateness may mediate the relationship that might be present between activated persuasion knowledge and attitude toward the ad and/or behavioural intentions. Following these three items, participants were asked another open-ended question, “Please elaborate on why you answered the above statements the way you did.” This item was included to gain a fuller understanding of why participants thought the tactics used in the ad were appropriate or inappropriate.

**Procedure.** Study 2 followed the same procedure as Study 1, with the exception of the two additional open-ended questions in the questionnaire.

**Analyses.** As was done in Study 1, one-way between-subjects ANOVAS were conducted to compare the effects of both the source of the ad and the appeal on self-efficacy, government regulation, current activity level, and attitude toward exercise. Multiple two-way between-subjects ANOVAS were conducted to examine the effects of the appeal and the source of the ad on attitude toward the ad, attitude toward the source, persuasion knowledge, perceived credibility, appropriateness and behavioural intentions. Using Hayes' (2018) PROCESS for SPSS, simple mediation analyses were conducted, as well as moderation mediation analyses. The open-ended question that asked participants what they believed the purpose of the study to be was analyzed using content analysis. Responses were coded for the presence or absence of persuasion or an ulterior motive as well as the presence or absence of the appeal used in the ad. Two independent coders were used and any disputes were settled through discussion. The second open-ended question, which asked participants to elaborate on their rating of the ad's appropriateness was analyzed using thematic analysis. This analysis was conducted according to Braun and Clark's (2006) recommendations and followed the same procedure that was used in the pretest.

## 4.2 STUDY 2 RESULTS

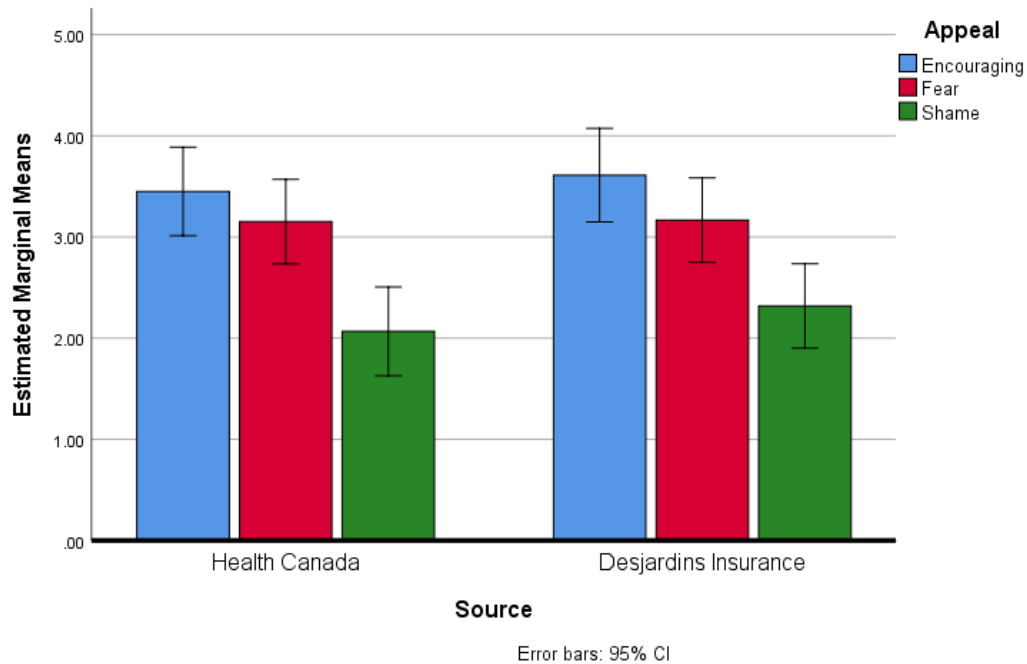
**Manipulation Check.** To begin study 2, participants responded to the question, "What do you think the purpose of the ad is?" Responses were coded by two independent coders for presence or absence of both the mention of an ulterior motive and the appeal that was used. The ulterior motive was coded as present when participants' responses indicated that they believed the source of the message was trying to persuade them to exercise for reasons beyond their personal health. Appeal was coded as present if participants used the appeal in their explanation (e.g., "to shame me into exercising") or if they described the appeal without explicitly using the exact terminology (e.g., "to make me feel bad about myself so that I exercise"). Two independent coders including the researcher coded the responses; there was 100% inter rater reliability for the ulterior motive presence and after discussing whether all mentions of the word 'encouraging' should be coded for presence, 100% inter rater reliability for the appeal presence. Results of a chi-square analysis revealed that the type of appeal did not have an effect on whether participants detected an ulterior motive  $\chi^2 (2, N=124) = .078, p = .962$  or whether they detected the appeal  $\chi^2 (2, N=124) = 1.46, p = .481$ . Mention of an ulterior motive in the encouraging appeal (10.5%), fear appeal (11.4%) and shame appeal (9.5%) did not differ significantly. Percentage of

participants who mentioned the appeal in the encouraging ad (15.8%), fear ad (25%) and shame a (26.2%) were also not significantly different. To test whether participants responded to the appeal in the way that was anticipated, we asked, “How did this ad make you feel?” to which participants responded on a 5-point Likert scale from 1=not at all encouraged/fearful/ashamed to 5=extremely encouraged/fearful/ashamed. For those who saw the encouraging appeal, 57.9% answered either ‘not at all encouraged’ or ‘somewhat encouraged;’ 87.8% in the fear appeal reported feeling not at all or somewhat fearful, and 78% of those in the shame appeal conditions also reported feeling not at all or somewhat ashamed. These results seem to convey that the appeals were not effective in manipulating participants emotional responses; however, further results indicate that even if the appeal was not internalized, its intent was at least recognized.

Results of the two-way ANOVAS indicate that there was a significant effect of appeal on overall attitude toward the ad  $F(2,118) = 19.91, p < .001$ , with the encouraging appeal ( $M = 3.53, SD = .99$ ) generating overall more favourable attitudes than both fear ( $M = 3.16, SD = 1.0$ ) and shame ( $M = 2.2, SD = .94$ ), see Figure 4.3. Results of the two-way ANOVA with overall attitude toward the source as the dependent variable indicated that there was a main effect of source on attitude toward the source  $F(1,118) = 26.76, p = .034$ . Participants rated the source more favourably when it was Health Canada ( $M = 3.29, SD = 1.03$ ) than when it was Desjardins Insurance ( $M = 2.88, SD = 1.15$ ).

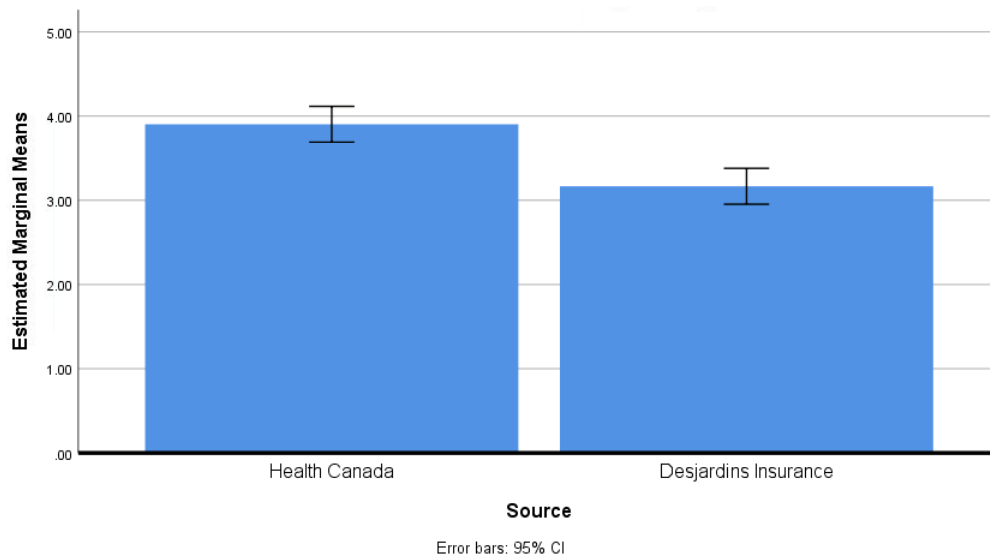
Another two-way ANOVA indicated that there was a significant difference in credibility  $F(1,118) = 49.25, p = .019$  for the two organizations. Participants found Health Canada ( $M = 3.89, SD = .81$ ) to be a more credible source than Desjardins Insurance ( $M = 3.18, SD = .87$ ), see Figure 4.4.





**Figure 4.3 Estimated Marginal Means for Attitude Toward the Ad**

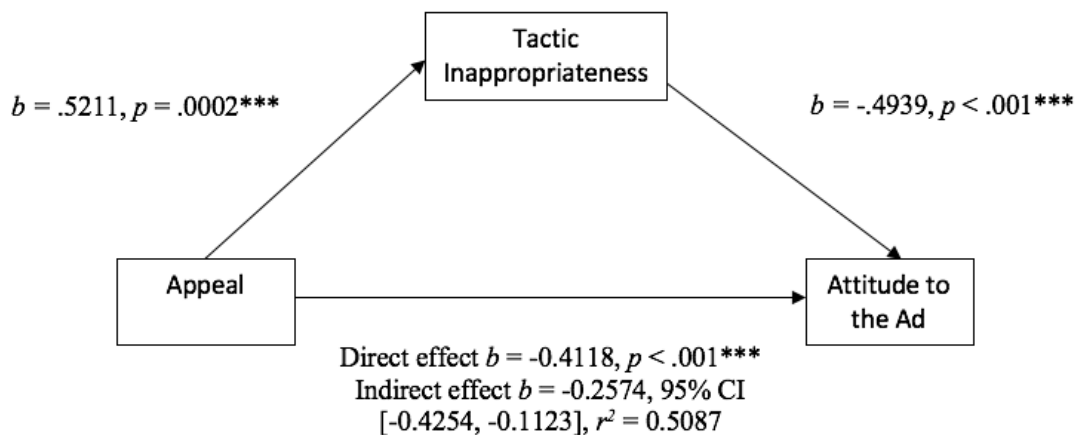
Mediation analyses using Hayes' PROCESS macro for SPSS (2018) were conducted to determine whether appropriateness would mediate the relationships between appeal and attitude toward the ad, attitude toward the source, persuasion knowledge activation, behavioural intentions and perceived credibility. Using PROCESS model 4, mediation analysis revealed a



**Figure 4.4 Estimated Marginal Means for Overall Credibility**

significant indirect effect of appeal on attitude toward the ad through tactic appropriateness ( $b = 0.2573$ , 95% CI  $[-0.4254, -0.1123]$ ) and a significant direct effect of appeal on attitude toward

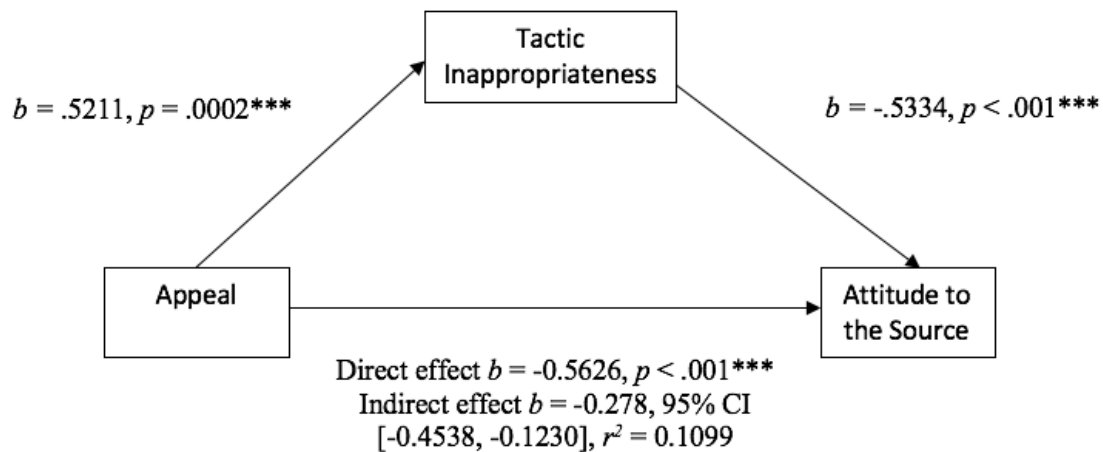
the ad ( $b = -0.4118$ , 95% CI  $[-0.5978, -0.2259]$ ), indicating a negative effect of appeal on attitude toward the ad through appropriateness. Appeals were coded as 1 = encouraging, 2 = fear and 3 = shame, meaning that for every increase in “level” of appeal affecting the outcome variable, the appeal itself was changing from encouraging to fear and fear to shame. This means that positive coefficients represent an increase in value of the outcome variable as appeal changes from encouraging to fear to shame, and negative coefficients represent a decrease in value of the outcome variable as the appeal changes. In our analyses, higher scores on the appropriateness items indicate that participants perceived the tactic to be more inappropriate. An example of an appropriateness item is, “The advertiser tried to manipulate the audience in ways I don’t like.” Because scores ranged from 1 = strongly disagree to 5 = strongly agree, higher scores indicate higher perceived inappropriateness. The total effect of appeal and appropriateness on attitude toward the ad represents a large effect size ( $r^2 = 0.5087$ ) (see Figure 4.5). Bootstrap confidence intervals for all indirect effects were based on 10,000 bootstrap samples.



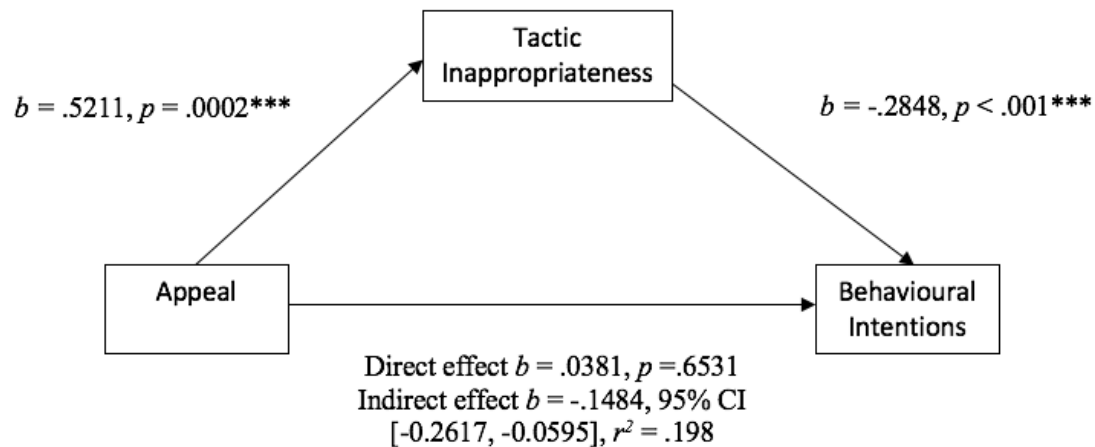
**Figure 4.5 Mediation Analysis for Attitude Toward the Ad**

A second analysis indicated a significant indirect effect of appeal on attitude toward the source through appropriateness ( $b = -0.278$ , 95% CI  $[-0.4538, -0.1230]$ ), indicating a small effect size ( $r^2 = .1099$ ) and a negative effect of appeal on attitude toward the source through appropriateness. There was also a significant direct effect of appeal on attitude toward the source ( $b = -0.5626$ , 95% CI  $[-0.7893, -0.3359]$ ), see Figure 4.6.

A third mediation analysis revealed a fully mediated and significant indirect effect of appeal on behavioural intentions through appropriateness ( $b = -0.1484$ , 95% CI  $[-0.2617, -0.0595]$ ), representing a small effect size ( $r^2 = 0.1980$ ), see Figure 4.7.

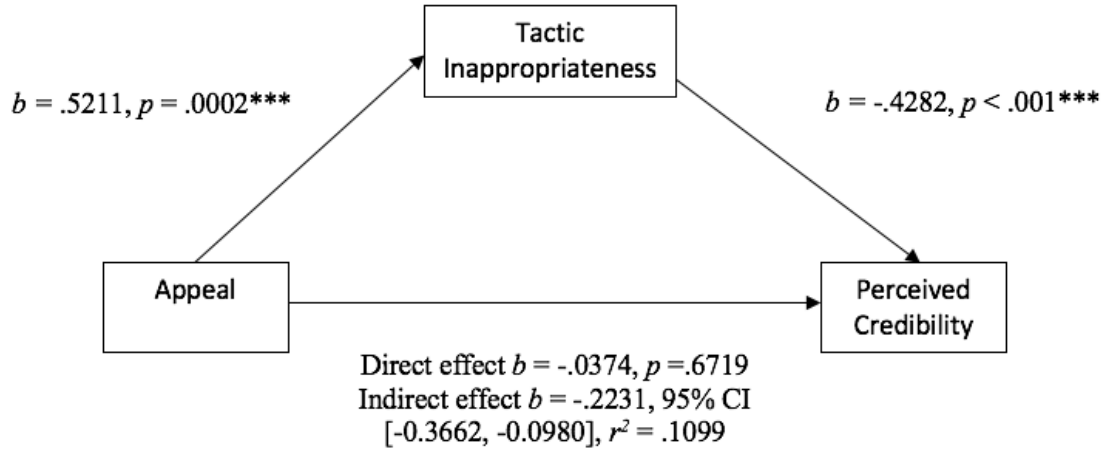


**Figure 4.6 Mediation Analysis for Attitude Toward the Source**

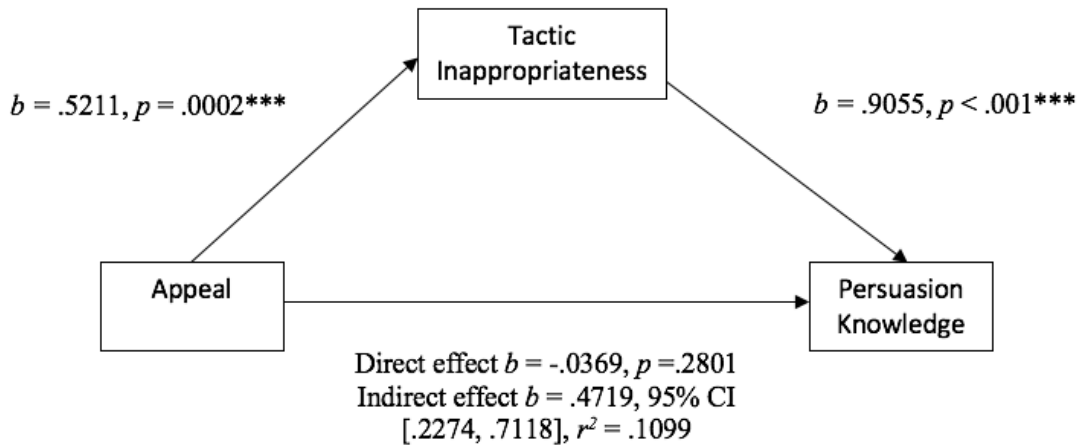


**Figure 4.7 Mediation Analysis for Behavioural Intentions**

These results indicate that there was a negative effect of appeal on behavioural intentions through appropriateness. Further mediation analysis revealed a second fully mediated and significant indirect effect of appeal on overall credibility through appropriateness ( $b = -0.2231$ ,  $95\% \text{ CI } [-0.3662, -0.0980]$ ), which accounted for a medium effect size ( $r^2 = 0.3611$ ), see Figure 4.8. Again, appeal exerted a negative effect on perceived credibility. Finally, there was also a fully mediated, significant effect of appeal on persuasion knowledge through appropriateness ( $b = 0.4719$ ,  $95\% \text{ CI } [0.2274, 0.7118]$ ). This effect reveals a small effect size ( $r^2 = 0.1099$ ), see Figure 4.9. This analysis indicates that appeal had a positive effect on persuasion knowledge activation.



**Figure 4.8 Mediation Analysis for Perceived Credibility**



**Figure 4.9 Mediation Analysis for Persuasion Knowledge Activation**

#### 4.3 STUDY 2 OPEN-ENDED ANALYSES

From the thematic analysis of the open-ended “appropriateness” question, five main themes were uncovered: 1) “Don’t Shame Me” 2) “That’s Just How It Is” 3) Tough Love 4) Missed the Target and 5) An Ulterior Motive. These themes helped to explain why participants rated the tactic in the ad to be appropriate or not, which helped us to understand the basis of these perceptions. Interestingly, many of the themes overlap with those from the pre-test, underscoring their significance.

“*Don’t Shame Me.*” This theme revealed that ads were thought to be inappropriate if they attempted to shame the viewer into exercising. Participants found this tactic to be insulting, humiliating and ineffective as a motivator. These responses were clearly in reaction to the “Big

Belly People”, as it was the only ad that used shame, and did so explicitly. Participants also mentioned that using shame may also backfire, as one said, “Body shaming usually has the opposite effect to that intended.”

This may cause the viewer not only to not comply with the recommended behavioural changes, but to cling to their maladaptive behaviour. Using shame made participants feel attacked, and this translated into an ineffective strategy. A quote from one participant sums the pattern up, “Those with diabetes often being made to feel that their diagnosis is their fault, by their family doctors and others they encounter, they are already primed to feel guilt; a sense of personal responsibility - even if that's misplaced. Being shamed worsens this... Their self-esteem decreases, their ability to regulate their lives disintegrates, they spiral downward.....so this does not help.”

*“That’s Just How It Is.”* In this theme, participants felt the ads to be appropriate due to their matter-of-fact nature and use of facts as a way to mobilize people. The ads were thought to be appropriate if they communicated their message effectively, “It’s not really inappropriate, given the truth of the message.” Ads were responded to with a lack of negative emotion, and they were not thought to be manipulative or offensive. As one participant stated, “I think the ad is great. We need to get healthy and stay active,” and another stated, “I think the ad is just asking us to think about helping ourselves. I don’t see anything wrong with it.” Giving viewers the information they need without manipulating their emotions was found to be an appropriate strategy. This theme was evident across appeals, with a fairly equal number of participants in each ad condition explaining the appropriateness of the appeal in this way.

*Tough Love.* This theme revealed that ads could be judged as appropriate even if they were shocking – some people need a shock. The reality of the disease is acknowledged, and with it, the recognition of the need for strong messaging. Participants justified their responses by explaining that, “The ad may seem extreme (you will die from complications of diabetes if you don't do something) but that's nothing compared to the reality of an amputation, blindness, or death because one is living with uncontrolled diabetes. Sometimes a shock is needed,” and “Sometimes fear tactics can push people to get the help they need.” Responses that fell into this theme relayed the notion that if the aggressiveness of the ad would get people to exercise, then it was worth its unpleasantness. Most often these responses came after viewing the fear appeal, but several participants responded this way after viewing the shame and encouraging appeals.

*Missed the Target.* Ads were not thought to be appropriate when they depicted an atypical diabetes patient, as was shown in the encouraging appeal. Showing an athlete who doesn't appear to have diabetes, doing the type of exercise that may not be attainable for the average diabetes patient is not appropriate because it is not realistic. Participants noted that, "The [model] could have been older and less like an athlete," and that, "the woman is fit and young a fine example of a person who is an athlete without the challenge of being diabetic." Using a more relatable subject, as well as offering guidelines on how to increase activity levels and eat healthier foods would make ads more persuasive.

*An Ulterior Motive.* According to this theme, tactics were often found to be inappropriate when participants were alerted to the fact that the ad has an ulterior motive beyond getting people to increase their activity level. Many participants explained their responses based solely on the fact that the message was from Desjardins Insurance, "[I] don't trust insurance companies," and some gave more detail about why this was inappropriate, "dislike companies and ads that purport to be doing good for society when in reality they just want to promote their name and brand." Some participants disliked that the ad was masking as a well-intentioned message that was ultimately concerned with keeping costs low, as one participant said about Desjardins Insurance, "The advertiser's primary concern is to increase profits," while other recognized the source's intentions and accepted them, "There's clearly a motive behind the message. Which is fine, but it is notable." This more accepting attitude came from a participant who had viewed an ad sponsored by Health Canada, so there do appear to be slight differences in how the recognition of an ulterior motive is appraised. Responses that fell into this theme were most often communicated by participants who had viewed either the fear appeal or the shame appeal.

**Discussion.** Overall, participants responded consistently more positively towards Health Canada compared to Desjardins Insurance. This was the case when participants were measured on how positive, pleasant and favourable they found the ad to be, and was true across all appeals. This was likely to have happened due to Health Canada's presumed high level of familiarity, which may have contributed to participants' more positive responses when compared to Desjardins Insurance. To explain this, we can draw on existing brand familiarity literature, which has demonstrated that familiarity enhances attitudes toward the brand and the ad (Campbell and Keller, 2003), familiar brands are more likely to be preferred compared to unfamiliar brands

(Coates, Butler and Berry, 2006), and that familiarity can moderate the effects of advertising appeals on consumers' attitudes toward the ad, as well as the strength of the relationship between the consumers' attitudes toward the ad and brand (Rhee and Jung, 2018). Alternatively, as was suggested by Campbell and Keller (2003), participants may have responded more negatively toward Desjardins Insurance because of the "dual unfamiliarity" contained in the ad. As the authors explain, negative uncertainty arises when consumers are exposed to unfamiliar brands or ads. When consumers are exposed to an unfamiliar brand coupled with an unfamiliar ad, their level of negative uncertainty is higher compared to an unfamiliar ad from a familiar brand. So, even if both ads are unfamiliar to the consumer, they will be more likely to react more positively to the ad from the familiar brand. Since Health Canada is likely to be more familiar to most Canadians than Desjardins Insurance, liking due to familiarity may have played a role in participants' responses to the ads.

It is also possible that responses to Health Canada were more favourable due to negative connotations or negative experiences surrounding insurance companies. Participants' distrust of insurance companies in general was revealed in the open-ended questions, with responses such as, "[I] dislike companies and ads that purport to be doing good for society when in reality they just want to promote their name and brand," "The advertiser does not want to have to pay out any life insurance benefits or increased health benefits. Their concern is the bottom line and shareholder profits," and simply, "I don't trust insurance companies." It is less likely that Health Canada would cause personal reactance to an ad in the same way that Desjardins Insurance would, which, simply due to a lack of poor experiences would have caused a more favourable reaction to the ad. Health Canada was also found to be a more credible source than Desjardins Insurance, which could be due to the existing knowledge that participants have about the organization.

Participants also responded fairly consistently in their attitudes toward the ad based on the appeal that was used; they most often rated the encouraging appeal most positively, the fear appeal second most positively, and the shame appeal least positively. These results can be explained by the direct effects of the appeal and by the partial mediation of tactic appropriateness that was found: participants rated the ads differently based on the appeals themselves, and on their appraisal of how appropriate the appeal was in the context of exercise promotion. Behind these responses is likely to be some sort of emotional reaction triggered by the appeal. This

notion is supported by participants' open-ended responses in the questionnaire, which helped to explain why certain appeals were thought to be more appropriate and more liked than others. Those that found the shame appeal to be inappropriate explained their responses by saying things like, "I think the ad wants to shame people into a healthier life style (which I have issues with shaming as a motivator) but I think it sends a clear message that fat people are less human." Similar results were found by Brennan and Binney (2010), whose qualitative study on social marketing found that shame is not an effective motivator because people who are publicly shamed and humiliated already know they have done something wrong. Shaming is thought to be the most debilitating of any type of appeal, and the effects of being shamed last longer than those of guilt or fear. Shame has also been found to be ineffective or counterproductive in many empirical studies (Boudewyns, Turner, & Paquin, 2013; Duhachek, Agrawal, & Han, 2012), and has been linked to self-efficacy. As Lazarus and Folkman (1984) explain, people experiencing shame often concurrently experience feelings of low self-efficacy. This means that when faced with an issue, their problem-solving skills are diminished and their energy is focused on regulating their emotional state. Considering that our participants had moderately low levels of self-efficacy ( $M = 3.1$  in both studies) relating to their diabetes, it is possible that their self-efficacy in dealing with the disease is related to the strong feelings associated with viewing the shame appeal. Those who rated the tactic as appropriate typically had responses such as, "Sometimes people need a push to do the right thing," and "Death is serious. People need to understand that their behaviour makes a difference."

While quantitative results found the encouraging appeal to be most liked and most appropriate, it is possible that the positivity and aspirational nature of the ad can only work to a certain degree. Many participants' responses to the open-ended question indicated that using a woman who looks like a professional athlete made the advice in the ad out of reach for them. This was due to the fact that exercise was portrayed in an unrealistically positive way that was not attainable for most participants. These disparate findings may mean that there can be such a thing as too much positivity in persuasive appeals, and that a less positive but more realistic message would be more effective.

Although the results of the ANOVAS did not show any significant results for participants' behavioural intentions, the mediation analysis showed a significant, fully mediated relationship between appeal and behavioural intentions through appropriateness. This result



indicates that the driving factor is not the appeal itself, but rather participants' appraisals of how appropriate the appeal is: the appeal influences participants' intentions, but *only* when they deem the appeal to be appropriate. In study 2, participants showed highest behavioural intentions after viewing the encouraging appeal. Their intentions were lower after viewing the fear appeal, and lower still after viewing the shame appeal. As we know, appropriateness has been shown to have great explanatory power in understanding consumers' responses to ads as well as their intentions (e.g., De Pelsmacker, Cauberghe, & Dens, 2011; Wei, Fischer, & Main, 2008; Isaac & Grayson, 2017); our results contribute to this body of literature.

Appropriateness also mediated the relationships between appeal and credibility and appeal and persuasion knowledge. The persuasion knowledge results were surprising, given that persuasion knowledge activation was related to appeal rather than the source, which we originally hypothesized would have been a more obvious alert to an ulterior motive. These results contradict the vast body of source disclosure literature: previous studies have demonstrated with great consistency that disclosing the source of the message to consumers alerts them to the presence of persuasion. In this study, source disclosure did not have this effect. This may have been due to participants' lack of awareness of how either source could have benefited from their compliance – it may have appeared that the message was exercise promotion and nothing else.

## 5. GENERAL DISCUSSION

Although the source of the message in both studies had a strong impact on participants' attitudes, it did not have the expected effect of activating persuasion knowledge and influencing behavioural intentions. Participants clearly understood the differences in the sources' motives and their responses conveyed this understanding – Health Canada was perceived to be more credible, positively regarded, trustworthy and unbiased no matter what the appeal was. However, these differences in attitude did not translate to persuasion knowledge activation or change behavioural intentions in any way. For this reason, we can tentatively say that source disclosure does not function in social marketing the same way it does in the traditional marketplace. We can tentatively draw this conclusion because despite including factors known to activate persuasion knowledge in other contexts (e.g., disclosing the source, priming), participants only activated their persuasion knowledge in one instance, in which the source was not manipulated. This could have been a combination of most participants not understanding how insurance companies profit from their customers as well as most not understanding the connection between exercise and lowered healthcare costs for Health Canada. Without making these connections, it is unlikely that either source would appear to have any ulterior motive, and thus would not trigger persuasion knowledge activation. Another possible explanation is that participants *did* understand the intentions of the source, but due to the widespread benefits that could be realized by complying with the behaviour, they deemed this type of communication to be appropriate. That is, the fact that participants would personally reap the benefits of more frequent exercise and indirectly contribute to lowering healthcare costs – which is advantageous to everyone – made the act of persuasion acceptable.

When persuasion knowledge was activated, it occurred when appropriateness mediated the relationship between appeal and persuasion knowledge. This relationship exhibited a common pattern in both studies 1 and 2; the encouraging appeal provoked the least persuasion activation as it was judged to be most appropriate; the fear appeal generated more activation and the shame appeal generated the most, as it was seen to be the most inappropriate. According to Friestad and Wright (1994), viewing the shame appeal would be an instance in the marketplace when consumers had become “persuasion sentries” – the use of an inappropriate tactic caused participants to understand the persuasion event as a type of manipulation and they responded accordingly.

A particularly noteworthy result is the fact that appropriateness explained many relationships that were only present in study 2 due to the use of three appeals. It appears that while the source directly influences attitudes, it is the appeal that might ultimately, but indirectly change behaviour. When accounting for the mediating effects of appropriateness, the type of appeal influenced attitude to the ad, attitude to the source, behavioural intentions, perceived credibility and persuasion knowledge. Differences in persuasion knowledge activation and behavioural intentions were only present when the type of appeal was manipulated. These results are arguably the most significant, as they give us a more focused understanding of how persuasion functions in social marketing as well as more measurable outcomes after viewing the ad. As we did not find any relationship between attitudes toward the ad or source and participants' behavioural intentions, and because this link is still problematic in its tentativeness (Chandon, Morwitz, & Werner, 2004), we cannot say with certainty that feelings of positivity toward an ad would lead to an increase in activity. However, given our results, we can say with confidence that the type of appeal does affect participants' behavioural intentions.

The significance of appropriateness leads us to believe that in many ways, persuasion functions the same way in social marketing as it does in the traditional marketplace. The two contexts are similar in that individuals do become aware of the presence of persuasion, but simple persuasion knowledge activation does not necessarily lead to negative attitudes or lowered behavioural intentions; it is the individual's appraisal of how appropriate the persuasive tactic is that ultimately determines their attitudes and behaviours. This has been shown to be true both in the marketplace (e.g., Wei, Fischer, & Main, 2008; Isaac & Grayson, 2017) and now in exercise promotion for Type 2 diabetes patients. However, persuasion in social marketing differs from traditional persuasive attempts because of its reliance on the appeal and its independence from the source. Much of the persuasion knowledge literature that focuses on products and services reveals that persuasion knowledge can be activated and attitudes can be changed simply by disclosing to the consumer where the message is coming from. That was not found to be the case in the current study, as participants were always informed of the source of the message and it did not appear to influence their intentions. Instead, it was the "packaging" of the persuasive message that was appraised and either accepted or rejected by consumers. This is likely to have happened due to the underlying positive nature of the message – exercise is good for you, and

your health is important – which was only blemished when it was communicated in a way that made participants feel attacked.

**Limitations.** Limitations in this research include the possibility that shame in exercise promotion may be perceived differently by diabetics than the general population. This may be the case because of the strong genetic component that is linked to diabetes, and the fact that not all complications arise from lifestyle choices. Participants may have felt that shame was inappropriate as a motivator if they were making the best decisions for their condition that they could, and still facing difficulties. Because shame is usually directed at personal flaws or failings, it would be misused if participants felt that it was directed at a disease they had little control over acquiring. This possibility could mean that we can only confidently remove shame appeals from exercise advertisements directed at Type 2 diabetes patients, as opposed to exercise ads for the general population. Also, as with any online study, we had little control over how long participants took to respond to each question, meaning that there is a chance that some participants did not spend enough time to make their answers meaningful. However, participants from studies 1 and 2 spent an average of seven and nine minutes on the questionnaire, respectively, and any participants who spent less than three minutes made multiple connections.

**Future Directions.** Future research should focus on establishing a link between positive attitudes toward an ad and behavioural intentions. This relationship has been demonstrated with brands and products, but we were not able to establish a causal relationship between the two constructs in a social marketing context. Because both the source of the ad and the appeal had such a strong effect on participants' liking of, and attitudes toward the ad and the source, it would be extremely valuable to understand how positive attitudes can make enough of an impact so as to influence behaviour.

Second, further research should be conducted on source disclosure's effect on persuasion knowledge activation in social marketing. Our results were surprising, given that source disclosure displays such consistent results in other contexts, yet was not connected to persuasion knowledge in any way in the current study. Future studies should confirm the absence of this relationship in a social marketing context: without source disclosure functioning to activate persuasion knowledge, social marketing messages regardless of source will have a better chance at persuading the consumer if they are not aware of an ulterior motive. Alternatively, if this connection does exist, it would be important to establish the conditions that give rise to it.

## 6. CONCLUSION

This study provides many contributions, both theoretical and practical. Theoretically, this study contributes to the appropriateness and PKM literature by adding support to the idea that it is not the tactic that encourages compliance, but rather consumers' appraisal of how appropriate the tactic is. This was theorized to be the case by Friestad and Wright (1994) in the original Persuasion Knowledge Model and has been empirically supported when persuading consumers to buy products (Isaac & Grayson, 2017; Wei, Fischer, & Main, 2008) and adopt healthy behaviours (De Pelsmacker, Cauberghe, & Dens, 2011). Our study strengthens this relationship by providing a connection between appeal and attitudes, perceived credibility, persuasion knowledge activation and behavioural intentions. These findings were the first, to our knowledge, to identify as well as explain this relationship in social marketing literature by using quantitative and qualitative methods. In doing so, we were able to provide a deeper explanation as to why certain appeals were thought to be appropriate, and why this matters for intentions and attitudes.

Next, this research contributes to health communications literature by identifying shame as an ineffective motivator for exercise for Type 2 diabetes patients. In health communications, shame is poorly understood at best – some research has found that shame is an effective motivator when presented abstractly (Pounders, Royne, & Lee, 2018), when presented as a loss frame (Duhachek, Agrawal, & Han, 2012), or when it is presented as a prevention goal (Pounders, Lee, & Chung, 2014). Other scholars have evidence that shame is often met with reactance (Boudewyns, Turner, & Paquin, 2013) and the inability to motivate oneself (Brennan & Binney, 2010). Adding to this body of literature is our study, which finds that shame is seen to be inappropriate, causes individuals to feel angry, and is counterproductive. These findings have practical implications as well; we can say with confidence that exercise promotion marketing that targets diabetes patients should not include shame appeals. As was explained by participants, shame directed at a sedentary lifestyle or obesity is unfair and insulting, given the myriad other factors that contribute to these outcomes. As such, it should not be used to promote exercise, specifically to those with Type 2 diabetes.

The inability of the source to activate persuasion knowledge or influence behavioural intentions has important implications for practice. The fact that there were no differences between Health Canada and Desjardins in these measures implies that for social marketing ads,

the source of the message is less important than we originally hypothesized. Therefore, it is conceivable that any source – organization, brand, or spokesperson – could relate a social marketing message, and as long as the message itself is perceived as appropriate by the consumer audience, it will be received in the same way. Our research uncovers the possibility that congruency between source and message may not have the type of influence in persuasion as appropriateness does – that perhaps appropriateness trumps congruency. It could be argued that for exercise ads, Health Canada was the more congruent of the two sources. Based on the literature, a more congruent match should have increased participants' behavioural intentions, but in our research, it did not. This points to the possibility that appropriateness is even more imperative than congruency when creating social marketing campaigns. This could be valuable information for non-health-related organizations who wish to promote healthy behaviour, are sponsoring a health-related event, or are working in tandem with typical health and wellness organizations. Following these findings, perhaps brands conducting cause-related marketing campaigns should focus less on the fit between cause and brand, and more on the appropriateness of the message they are delivering.

In conclusion, individuals with Type 2 diabetes respond to persuasion in social marketing appeals in the same way consumers respond to persuasion in the traditional marketplace, but only when the type of appeal is manipulated. When presented with various appeals, individuals appraise the appropriateness of the tactic that was used to persuade, which then influences their attitudes, activates persuasion knowledge, and affects their behavioural intentions. Most often, participants appraised appeals that are encouraging to be most appropriate, fear to be moderately appropriate, and shame to be inappropriate. Type 2 diabetes patients differ from consumers in the traditional marketplace in their indifference to the source manipulation – source disclosure has been consistently found to influence consumers' purchase intentions for brands and products, but it does not appear to have the same effects in behaviour change messages. This research provides valuable insight into why some appeals are met with positive attitudes, some with compliance, and others with reactance, which contributes to health communications' delivery of effective behaviour-change messages.

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## APPENDIX A



UNIVERSITY OF  
SASKATCHEWAN

Behavioural Research Ethics Board (Beh-REB)

### ***Certificate of Approval***

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Application ID: 671

Principal Investigator: Marjorie Delbaere

Department: Department of Management and  
Marketing

Locations Where Online, across Canada  
Research Activities are  
Conducted:

Student(s): Marina Moreland

Funder(s): Saskatchewan Centre for Patient-Oriented Research

Sponsor: Saskatchewan Centre for Patient-Oriented Research

Title: Persuasion Knowledge in Social Marketing

Approved On: 18/01/2019

Expiry Date: 17/01/2020

Approval Of: Behavioural Application Form; Consent Form; Prime; Participant Response Questionnaire;  
Sample Stimuli; Study Completion Message

Acknowledgment Of:

Review Type: Delegated Review

#### **CERTIFICATION**

The University of Saskatchewan Behavioural Research Ethics Board (Beh-REB) is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2 2014). The University of Saskatchewan Behavioural Research Ethics Board has reviewed the above-named project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this project, and for ensuring that the authorized project is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol or consent process or documents.

Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.

#### **ONGOING REVIEW REQUIREMENTS**

In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month prior to the current expiry date each year the project remains open, and upon project completion. Please refer to the following website for further instructions: <https://vpresearch.usask.ca/researchers/forms.php>.

Digitally Approved by Vivian Ramsden  
Acting Chair, Behavioural Research Ethics Board  
University of Saskatchewan



## ***Certificate of Approval Amendment***

Application ID: 671

Principal Investigator: Marjorie Delbaere

Department: Department of Management and  
Marketing

Locations Where Research

Activities are Conducted: Online, across Canada, Canada

Student(s): Marina Moreland

Funder(s): Saskatchewan Centre for Patient-Oriented Research

Sponsor: Saskatchewan Centre for Patient-Oriented Research

Title: Persuasion Knowledge in Social Marketing

Approved On: 07/03/2019

Expiry Date: 17/01/2020

Approval Of:

Revised Participant Questionnaire

Acknowledgment Of:

Review Type: Delegated Review

### **CERTIFICATION**

The University of Saskatchewan Behavioural Research Ethics Board (Beh-REB) is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2 2014). The University of Saskatchewan Behavioural Research Ethics Board has reviewed the above-named project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this project, and for ensuring that the authorized project is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol or consent process or documents.

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***Digitally Approved by*** Patricia Simonson, Vice-Chair  
***Behavioural Research Ethics Board***  
***University of Saskatchewan***



## APPENDIX B

### Pretest Transcripts

#### Participant 1

Do you want to tell me about which one you found most persuasive?

**Sure. Um, the “Exercise 30 Minutes a Day” video, I found most persuasive.**

Okay, how come?

**I thought it was a good way, to kind of get the point across that you could do different things, and it was funny, and made me sort of... look at all the different ways you can add exercise into your day. Without being serious.**

Right – that it’s easy and anyone can do it, kind of thing?

**Yeah.**

Awesome. How about your second most persuasive?

**So that was the Participaction one [Make Room For Play], with the ball, and I liked that one because it appealed to, like, people who use emojis, and like, texting, and it also um, made me think of, like – play is also a physical activity. And not just *play*. So I can use that to actually get my 30 minutes of exercise in right?**

Mhmm, it doesn’t have to be at the gym, being serious.

**Right.**

And least favourite? Or least persuasive.

**I just picked the first video [Big Belly People]. I just – it made me feel bad. It made me feel bad for the people who were in the video, and I kind of identified with them more because I know that I have belly fat, and I just – like, it made me feel like- shamed. So no, it wasn’t motivating for me.**

So, can you just go into a bit more detail – what about the shame aspect made you feel not motivated?

**Um, it just... gosh, it made me feel like – if I get out, and exercise, people are gonna look at me, like that guy’s looking at those people. So if I’m in the gym, um, even if it’s like a judgement-free zone, people are still judging me based on what I look like and, why haven’t I changed, why can’t I change.**

Okay. Any others that you found shocking, interesting, surprising?

**Um... I think, like, this one – “A Toast” – I just, I had a hard time coming up with an emotion, because I really didn’t – I didn’t even identify with it, and I don’t know why. I just felt like, it just – it was nothing to me, and it wasn’t really – it wouldn’t motivate me to do anything about my health. I don’t know.**

Maybe because that situation is maybe not relevant to you?

**Maybe, yeah.**

Okay, yeah that makes sense. Um... anything else you want to discuss that struck you?

**Um... I think what hit me was that all of them kind of talked about exercise, and they- they talk about like, getting out and doing something physical, and none of them talked about like, food-related. I mean, it’s mentioned in passing, but – exercise and diet – but there’s nothing in here saying that, like, um, eating more vegetables – you know, or having a vegetable running on a treadmill or something – that would be an interesting way of, like getting people to do both.**

I noticed that too, that it just kind of mentions 'you should eat healthy' but then says nothing about maybe, how you would go about doing that.

**Yeah. Yeah. So I thought, like, that's a big piece for me that's missing.**

## **Participant 2**

So do you want to just talk about which one you found most persuasive and why?

**This one [Run in Family].**

Okay. What did you find that you liked about it?

**It's actually a healthy person. Yeah, and it just, it shows her actually participating in activity, it shows that she- we don't know if she's diabetic, but she's healthy.**

Okay. So it kind of shows what could aspire to?

**Yeah.**

Um, and then were there any others following closely behind that you found persuasive?

**Um, probably... the basketball [Make room for play]. That one, because a lot of the time when I do take my kids to the park, were the only ones there. And like, when I was growing, there were like 20, 30 kids running around at the park. So, its- it's not that much of time difference, really, if you look at it, but it's still shocking knowing that there are not a lot of kids playing at the park.**

And which one did you like the least and why?

**The Big Belly People.**

And what didn't you like?

**Um, well first of all, it's not really representative... for the population. I noticed there's just a lot of ah, white – big fat white guys, and wasn't like a lot of um, people of colour or anything like that. Um, and it just kind of poked fun at them. And it's just like, I understand that they were pushing that overweight-ness can cause diabetes or heart and stroke issues, but it doesn't really um, look at some of the underlying causes. Like I know some friends of mine who are overweight but it's not because they're not active, that they just eat whatever they want, but they have other health issues that prevent them from losing weight, from being the ideal weight.**

Yeah, that one oversimplifies it I find.

**Mhmm.**

Alright, anything else you want to mention, or that you found surprising?

**Um... not so much surprising, because I am a diabetic, but the killer sofa one, it not so much shocking as it should be..? I think if they were going to make it as a killer sofa I think it should be – for it to really hit home for some parents, they could have made the sofa like, a coffin or something, to really shock them- encouraging your kid to [that having] a bunch of junk food and screen time, can lead to this. Um. I have 5 kids, and I'll get screen time, but ill limit it.**

Yeah that's a really good idea. And what did you think about the second last two, the ones that portrayed death in advertising?

**That was, kinds shocking, the one at the graveyard [Never Easy], I was like, 'oh no, that's- that could – if I don't make changes this is what could happen.' But then I feel like a lot of people are like, have that mindset of 'oh but it won't happen to me.' So then, they have that mindset and then they continue doing what they're doing and –**

They don't internalize it.

**Yeah, that's not going to happen to me. They don't – they don't personalize it, and like, understand like, this could happen to you. It's not happening to you right now, obviously, but eventually that's what's going to happen. And like, the um, this one's sad, "the Toast" or whatever. Um, just because, I know this... like, I don't have a grandma anymore. And it's not because of- like it's not because she didn't take her steps to stay healthy, it's just um, I don't know what it was – she was on dialysis or many years, and it's just, she had a lean diet. She did her best but it just wasn't good enough. The diabetes just....**

So that one kind of hit home for you?

**Yeah.**

Okay. Anything else you want to mention?

**Um.... I noticed a lot of them are American. Um, I just noticed only one was Canadian. And understanding a little bit about the American healthcare, not a lot of them have the option to get fully checked out. Sometimes they don't have that option to get checked. They know it's there but they just can't afford it.**

That's right, yeah. So it might be different if it was a Canadian advertisement.

**And the Exercise 30 minutes a day one, that's funny, cause it's like, um, telling the criminal if he were more fit, she wouldn't get away! [Laughing]. Its, I don't know it was kinda stupid, like if the criminal was more physically active-**

Could have had the purse!

**Yeah. And I was like wondering like, is it the kind of idea that they really want to send out there? Right? And then like, for the woman to chase him, not really knowing... cause I'm a security guard and I'm just aware – I wouldn't encourage a woman to chase somebody down! And like especially being in Saskatoon, like um, I know a lot of people in the core neighbourhoods. And like, a lot of them are on drugs now right, so you don't know what they're going to do when they become cornered like that.**

I think a lot of people wouldn't necessarily think that but that's really interesting.

### **Participant 3**

Do you want to just talk a little bit about which one you found most persuasive?

**So... the Never Easy one. Because ah, small kids, and attending funerals, it just, encourages people to think deeply about ah, death, and talk about death more – encourage people to think deeply. So, ah, you want to stay healthy so your kids are not just – her kids were young and you don't want to leave them.**

Mhmm. So you think that's persuasive because you think you don't want to end up with those consequences?

**Yeah.**

Okay, perfect. And what was your second favourite one?

**Um, "A Toast." It's just sad if a mom cannot attend a daughter's wedding. Um, most people only get married once in their life, and if your parents cannot be in your wedding – it looks really sad.**

Definitely. And so did you find that those two ads were kind of similar in how you felt about them?

**Yeah.**

For the same reasons?

**Pretty much.**

Okay, sounds good. And then, were there any that you disliked, or didn't find persuasive?

**Ah, the first one [Big Belly People]. It just ah – that doesn't encourage people to do more exercise because that makes them feel sad that society doesn't let them – think they're lazy and don't eat health food.**

Right. So do you think it was just not motivational at all?

**Yeah. And also hurt. Because there are some people who are really trying to do exercise, and if they saw that thing [the ad] they'd think society doesn't let them. They may just quit and they would never go again.**

Yeah I agree. Was there any other ad you wanted to comment on?

**Um... yeah "Make Room for Play." I really like the sad face on the ball.**

Mhmm, it makes you think about what you're doing.

**Yeah.**

#### **Participant 4**

Do you want to tell me a bit about the one you found most persuasive?

**I found this one [Run in Family]– I liked it because it had little reading. And this girl inspires you to be fit and active, active – I think that's – so there's not so much reading to do. Cause as a – something active in a doctor's office I find, "wow, yeah look at her! Yeah, diabetes runs in your family, yes!"**

So motivational, kind of?

**Yeah, I think so yes.**

What would you say your second most persuasive one was – and why?

**This one [Never Easy], because, you know, it's never easy. Um, my mom dies way too young. And so this really, is poignant to me, because you see the dad and two kids. I thought yeah, that puts it in black and white – this is the alternative. That's why I think that's persuasive.**

Okay. Sounds good. Do you have a least favourite?

**My least favourite was this one [Big Belly People] because I just thought it looked like they were portraying a bunch of fat seals. And I just thought, really, I don't see myself as that. Yes, I have a bit of an over-belly, but you know what, it also comes with insulin dependency, right? So you're having to shoot it up all over – the most place to stick it is in your stomach, and it's – you know, anyway. So I found this one less – I found this one the worst, insulting. And I felt this one a bit insulting too, that was number 6 [Exercise 30 Minutes a Day]. But I thought this [Killer Sofa] was meaningful, because this is our children. I don't have children in my life right now but, this is very, very – an issue of today's society. Not back when I was growing up, it was outdoors, kick the can, blah blah blah, but this I find really poignant.**

So why did you find number 6 insulting?

**Um, I just thought, ahhh really? It's a robbery. I just thought, you're using a negative for her to get physical- I just thought 'nah.' I found that, I guess it, not necessarily insulting so much as that, you know what, there are better ways to convey this message, that taking the stairs instead of the elevator, walking, parking farther away and walking... Max [husband] parks – always – at the back corner, and we walk. And it's our built-in physical activity**

thing, right? So I think there's got to be a better way than showing this negative guy stealing her purse, and her getting it by a prop from the kitchen. That's why.

Did you want to comment on anything else surprising/shocking/interesting?

I found this one *very* interesting [Make Room for Play]. Ah, screen time is a huge issue, and – so I found this one was quite funny, really. Make room for play, because it's , 'aw, poor little ball.' At first though, it thought, 'oh what is it?' then I realized oh, yeah, sad little ball. The only one I found – I found this a bit hard to read, because of the lighter colour on – it would be better if it was in black.

Could you get the message without reading the whole thing?

Yeesssss, holy cow. "Then again, neither is dying." Really aggressive. Yeah, but then it's poignant, right? So it's, it's high up there on number two list, cause – well, cause my mom died so early, that really hit close to home.

## Participant 5

Did you want to talk about which ad was the most persuasive, and maybe a bit about why?

Sure. I can talk about all of them!

Go for it. I would love that.

Um. Well I'll tell you about the first one, and a bit more information. This one was clever [Exercise 30 Minutes a Day]. Very clever. Used humour. Ahhhh... was actually showing something in function, as opposed to just being preached at. It was showing you – and through the zany...portion of the ad where she was all over the map, it showed something very real, and it was relative [relevant?] – you could relate to it. Um. And it was very clever; I really, really liked it. It almost makes you want to just get up and do something, right?

Sort of empowering.

Right. I think when you can laugh at advertising and get a chuckle out of it, it's more motivating. And there's so much – what I was looking at – I was looking at some of the other ones, there's so much out there right now that is negative. There's kids playing war games and there's, you know, NCIS and all those other negative shows, and people are killing each other on TV, and whatever else, and – we are so bombarded with negativity and death, it's almost just another activity. When I see this, and I fall into this demographic that you're studying, this is not effective. This makes me angry [A Toast and Never Easy].

Good to know.

This- this one made me angry [Never Easy]. This one made me even more angry [A Toast]. Probably very close to the same. And as somebody, I mean I've been a part of the First Step program at the uh, field house, with the city of Saskatoon, and I part of the heart smart program, and I think one of the things as a diabetic is that it's important to show people how to. How to get better, how to change their lifestyle. This does *not* inspire me [A Toast and Never Easy]. It's like guess what? This is your death sentence. And this is – that's not effective. This one was cute [Make Room for Play]. Um with the basketball, they- it's funny cause there was an Ikea commercial that's being run with ah, a little light, the woman puts it out and they're playing sad music and, the guy they, the guy from Ikea goes, why are you crying at a light?! You know it's an inanimate object, but you almost feel sad

for it that the kids aren't playing with it. So this- this one was cute. Killer sofa I thought was effective in that they used the red sofa, like the heart, and that they used a youth, which is I think where this all starts, is getting the youth active cause they're sitting on their arse, playing video games and doing all this. And I wouldn't be where I am today if I had been more active and.. you know it could be a lot worse – I don't know, those- and this one, this one was effective as a print ad [Does diabetes run I your family]. Um... this one would have been good as a visual, like um, ah, medium, if you had the kids at the end of the sequence playing basketball, or outside, or riding their bikes or something [Make Room for Play]. This is part of a regression, I think this is a print ad that is somewhat effective and it tugs at your emotion, like 'oh I feel sad for the little ball' but it doesn't show you *how*. And I think that's the function for me, is, is what's important is to show people how to get active. Even as zany as that second ad is, everyday things like riding a bike, walking, running, doing stairs, like it just gives you so much in an encapsulated little piece of time. Makes it seem easy, too.

It does! And then you, and then you can kind of think 'wait a minute, I could take the stairs instead of taking the elevator.' And then it becomes 'this is very real.' This is the best ad out of all of them [30 Minutes].

I agree with you on that one. Its most relevant. And then you also get the picture of how this could help you in the long run.

Yeah. And this one – this one will stick in my head. You cause I'm bad with those sort of things, you know, if I see an ad that's really effective, I'll be like 'oh yeah,' cause it is effective.

And the first one, what do you think of that? [Big Belly People]

As somebody who can relate to having a belly, its, its actually rather insulting. Um, it portrays these individuals – I didn't choose to be like this. I didn't, you know some of its – yes some of its my lifestyle, some of its medications that I'm on to control my heart, and there are other factors in it. This makes it seem like we're all just a bunch of lazy asses, sitting around on a beach, doing nothing. And, yes, that is the case for some people, there are some people that are sedentary, who don't want to do jack. But, you know, to be playing it up like it's a bunch of walruses sitting on a beach, and that they chose to be like this and all they're doing is just soaking it in is – it's kind of insulting and degrading to people. And again this doesn't show *how* do you make this different. Like if they had added a video they would show people being active, or just getting started. Not like, you know the senior videos where they um... the city of Saskatoon, leisure guide where you see all these old ladies bouncing up and down in the pool, like we don't need to see that – we need to see real people, my age, younger, older, going to the field house and – I was terrified of going into that program, cause it's like, I'm going to be the only younger person there, it's going to be a bunch of seniors – and it couldn't be further from the truth. There's everybody there. Full spectrum, and I mean, if people understood that, that it's not just an older generation, it's not just something you deal with later, or when you've been diagnosed – you've got to deal with it now. And showing people constructive, being constructive in that is important. The last – the print one [Run in Family] – I don't see myself as an athlete, by any stretch of the imagination. But it is motivating to be, active. This is- this a healthy image. These two [A Toast, Never Easy] are not.

So, just because you feel strongly about the second last two, do you want to talk about why the marketers might have used those?

**I think it's probably um, very similar to why they put the cancer mouths on the cigarette packs, is the shock value. Total shock value. And, its, trying to drive home a message of, 'if you don't do this, this is your final stop.' You know, and I get that, but I think that nowadays, were kind of past that shock value, because there's so much out there that is, you know, from the American president right on straight through normal mainstream TV, that were just inundated with death, negativity...**

**It's almost tiring now...**

**It is, it's exhausting. And you look at this and you think, 'oh yeah just another negative ad.' And its, its preaching at you. And I think – that's what I wrote in here – it's very preachy. Instead of constructively saying, 'here's how to get healthy.' You know. And you know you can flash to a scene like that... like I think one for me when I when I saw the drinking and driving on [not in this study] on TV – SGI ran it – and I actually wrote them and told them that I loved it because it's very effective. They've got the music playing in the background, they've got the different scenes people are at different functions, either with their family or they're in their vehicle, and they crash, and its just – everything slow-motions – oh my god, I'm practically in tears every time I see that. And it doesn't matter how many time I see it, it just very gut-wrenching and real. But- don't preach at me, and try and shock me, cause god knows I can just turn on a TV and watch the news and I'm already like, 'really?' And then it doesn't tell you anything about, 'well what do I do if I *am* shocked into, you know, scared into doing something – I still don't know what steps- not you necessarily – people.**

**I mean, as somebody who's younger, I'm working, I'm somewhat active, I mean I'm still *moving*, I'm not parked on my couch all day. But as somebody who – I don't look t that and think 'wow that's me.' But, I - people are losing family and friends to you know, horrible, horrible things nowadays and- It's just one more piece of negativity that I don't think we need. I think we need to... to shift marketing to a positive how-to-do-it, how-to-be-effective. Is there anything else you wanted to touch on or bring up? Maybe something you found surprising that we haven't really talked about?**

**Um, I mean they're all effective in their own way, but I don't – like if were talking 2018, some of them are outdated, and I think, some of them could be revised. And better. Um, it's interesting, how did you pick these 7?**

**I had a an advertising database that I just searched endlessly through – some are Google searches, some are actually right from the Diabetes Association of Canada – the ones you disliked actually, which is very interesting. Because that's obviously not working for some people. And yeah, that's going to be really interesting to look back on and see what everyone else says about those.**

**As a diabetic those second last and third last ones made me incredible angry. Like I would – if I saw those I be like, 'this is not effective.' You're trying to tell me how to get better, instead you're showing me what my death sentence looks like.**

**Yeah, and preaching without instructing at all.**

**And I think that's huge, you know as a person who is active in the first step program and trying to make the change, that doesn't motivate me. At all. That's my opinion.**

## APPENDIX C

### Consent Form



### *Participant Consent Form*

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**You are invited to participate in a research study entitled:  
Social Marketing Communications**

**Researcher:** Marina Moreland, Graduate Student, M.Sc. Marketing, University of Saskatchewan,  
[mlm784@mail.usask.ca](mailto:mlm784@mail.usask.ca)

**Supervisor:** Marjorie Delbaere, Faculty, Management and Marketing, University of Saskatchewan, 306-  
966-5916, [delbaere@edwards.usask.ca](mailto:delbaere@edwards.usask.ca)

**Purpose(s) and Objective(s) of the Research:** This project aims to assess consumers' responses to persuasive social marketing messages that are in the form of exercise promotion. Participants will be shown an exercise promotion advertisement and asked to complete a questionnaire about the ad and exercise in general.

**Procedures:** A portion of the participants will read a short article about what social marketing is, how it works, and how certain organizations use it in exercise promotion. You will then be shown one exercise-related ad. Following this, you will complete the online questionnaire. This will take approximately 15 minutes.

**Funded by:** Saskatchewan Centre for Patient Oriented Research.

**Confidentiality:** The data from this research project will be published and presented at conferences; however, your identity will be kept confidential. No names or identifying information will be available to the SSRL or within the data set. The SSRL and the researchers will not have access to participants' names, email addresses, or IP addresses at any point during data collection. However, the SSRL does have access to a unique ID that is shared between organizations with Ekos and used for administrative purposes. Thus, it should be noted that a link between data and individuals does exist, but it exists between organizations and will not be shared under any circumstances.



**Right to Withdraw:** Your participation is voluntary and you may withdraw from the research project for any reason by exiting your internet browser. Should you wish to withdraw, your data will be deleted. However, once the results of the study are disseminated, your individual data will not be available for withdrawal.

**Follow up:** To obtain results from the study, please contact Marina Moreland or Marjorie Delbaere by the email addresses provided.

**Questions or Concerns:**

- Contact the researcher(s) using the information at the top of page 1;
- This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office [ethics.office@usask.ca](mailto:ethics.office@usask.ca) (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

**Consent:** By clicking ‘I consent’ you are indicating that you have read and understand the description provided, and consent to being a participant in this research project.

APPENDIX D

Study Stimuli

Does Diabetes Run in Your Family?

Without weight loss and moderate physical activity 15-30% of people with prediabetes will develop type 2 diabetes within 5 years.

Be Active.

Health Canada Santé Canada

Does Diabetes Run in Your Family?

Without weight loss and moderate physical activity 15-30% of people with prediabetes will develop type 2 diabetes within 5 years.

Be Active.

Desjardins Insurance  
LIFE • HEALTH • RETIREMENT

Staying healthy isn't easy.

Then again, neither is dying.

When you consider the alternative, eating right and staying active don't really seem that bad. Many of the nearly one million deaths each year from type 2 diabetes, heart disease and stroke could be prevented with a few lifestyle changes – including regular physical activity, healthier food choices and not smoking. It's not easy. But it is worth it.

Talk to your doctor about your risk for type 2 diabetes and heart disease. It's your life. Listen to your doctor. Eat better. Get moving.

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Health Canada Santé Canada



**These are the big belly people. They never get any exercise, and they eat whatever they want.**

**Their lives are at risk – excessive fat produces toxins that can harm the heart. This is the cause of heart attacks, strokes, and diabetes.**

 **Desjardins**  
Insurance  
LIFE • HEALTH • RETIREMENT

**Watch your waistline. Exercise regularly and eat healthy foods.**



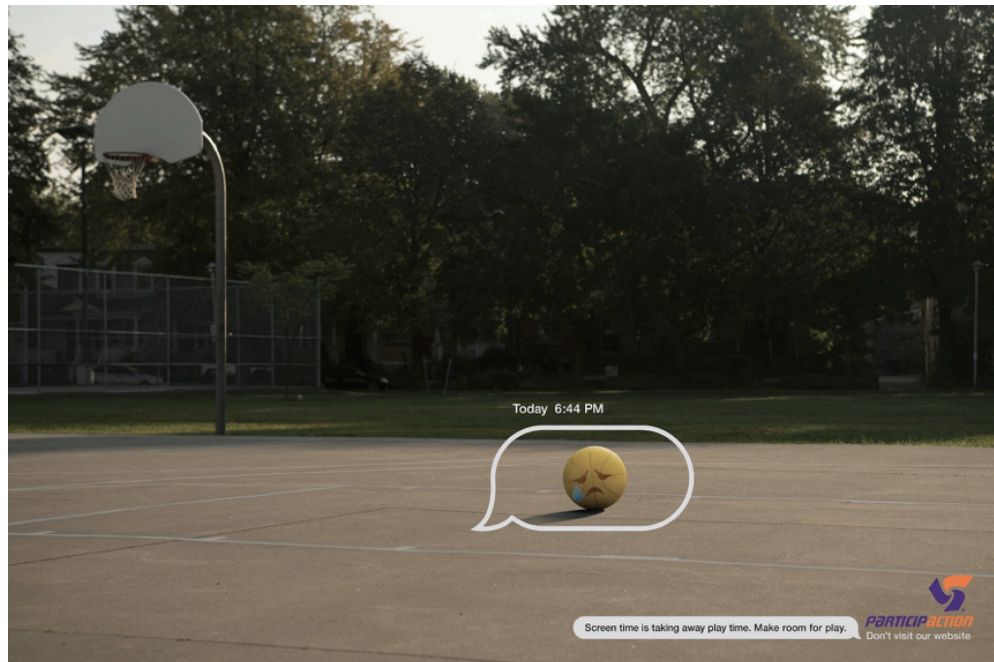
**These are the big belly people. They never get any exercise, and they eat whatever they want.**

**Their lives are at risk – excessive fat produces toxins that can harm the heart. This is the cause of heart attacks, strokes, and diabetes.**

 **Health Canada** **Santé Canada**

**Watch your waistline. Exercise regularly and eat healthy foods.**







**“Mom, I miss  
you so much...”**

Type 2 diabetes steals the  
lives we cherish most.

Nearly a quarter million  
a year. But it can be  
prevented.

Nearly 80 million Americans  
have prediabetes. But  
because prediabetes doesn't  
always have symptoms, nine  
out of ten people who have it  
don't even know it.

Know your risk before  
it's too late. Especially if  
you're over 45 or overweight.

More importantly, do  
something about it. Eat  
better, stay active and  
lose weight.

**You have a lot to live for.  
Stop Diabetes® For yourself,  
and the people you love.**

▲ American Diabetes Association.

**CheckUpAmerica.org**



Visit [checkupamerica.org](http://checkupamerica.org)  
or call 1-800-DIABETES  
(1-800-342-2383).



**Lack of exercise and a poor diet puts kids at serious risk for  
Heart Disease, Diabetes, Asthma, Joint Pain and more.**

There are steps every parent can take...small steps that can make a big  
difference. Maybe it's a family walk once a week or having fruit around for  
snacks instead of chips. And keeping fast food to a minimum. Start now. Help  
your kids make healthier choices. Ask your doctor for more information.



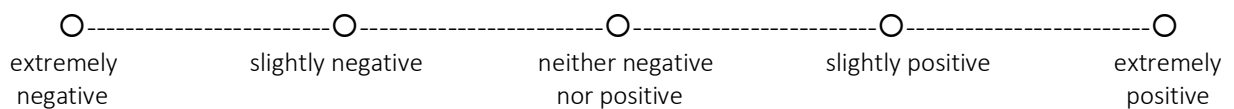
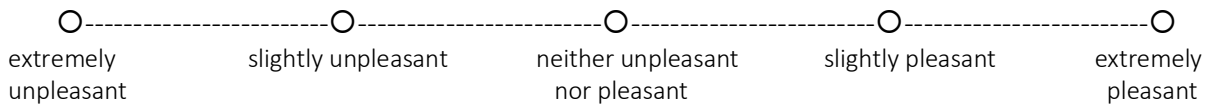
**physicians care**  
HEALTH CARE

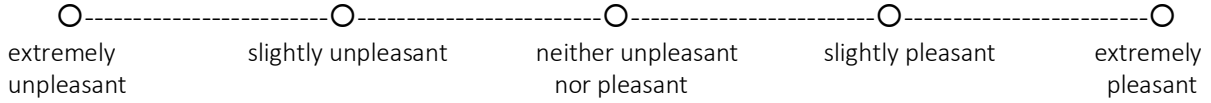
**Make Healthier Choices.**

Eat healthy foods. Get more exercise.

## Participant Response Questionnaire

## [2] Attitude Toward the Ad

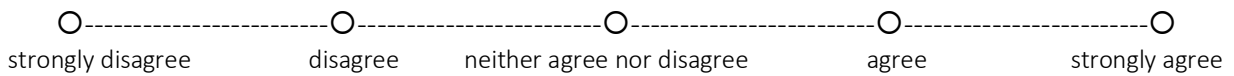




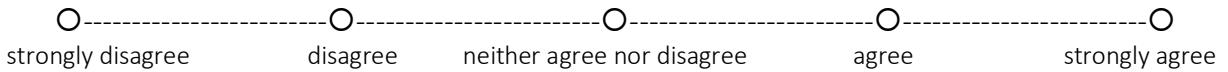
[4] Behavioural Intentions.

Please rate your level of agreement with the following statements.

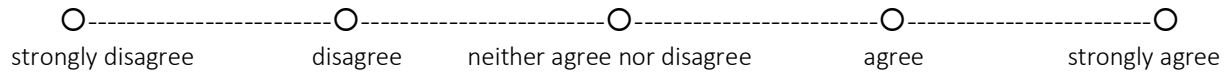
1. At present time, I do not intend to begin a regular program of exercise.



2. After viewing this advertisement, I intend to take the action that it recommends.

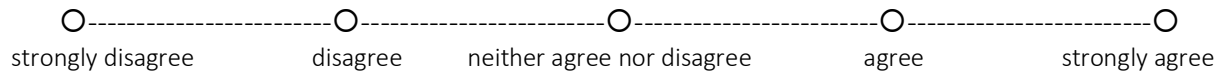


3. After viewing this advertisement, I will seriously think about exercising more.

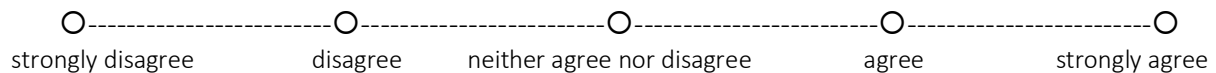


[5] Perceived Credibility.

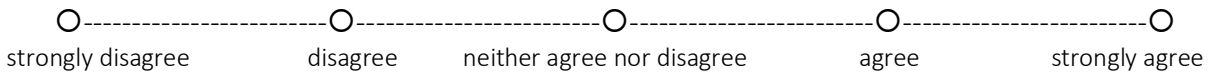
1. I believe the ad/source of the ad is trustworthy.



2. I believe the ad/source of the ad is credible.

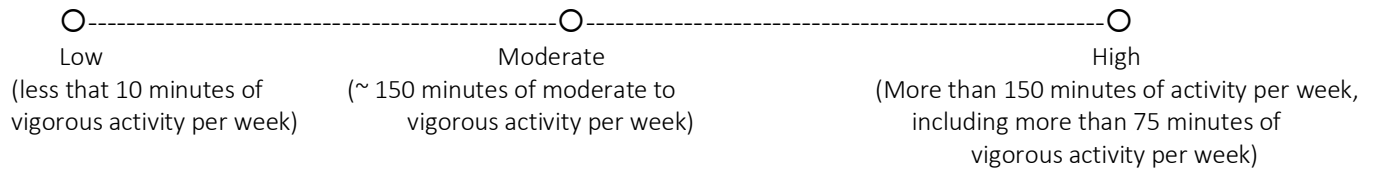


3. I believe the ad/source of the ad is unbiased.



[6] Level of Physical Activity.

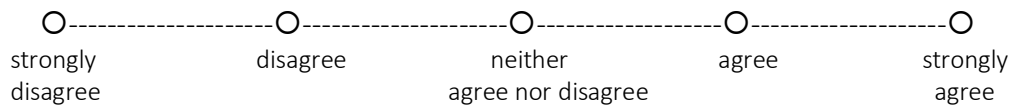
Which best describes your current level of physical activity?



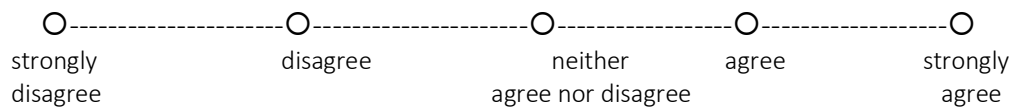
[7] Attitude Toward Physical Activity.

Please indicate your level of agreement with the following statements.

1. Exercise makes me feel better overall.



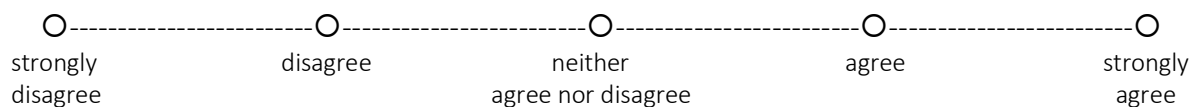
2. Exercise is an activity I enjoy doing.



[8] Attitude Toward Government.

Please indicate your level of agreement with the following statement.

1. Government should regulate the way exercise is advertised and marketed.





## [9] Self Efficacy in Chronic Disease Scale

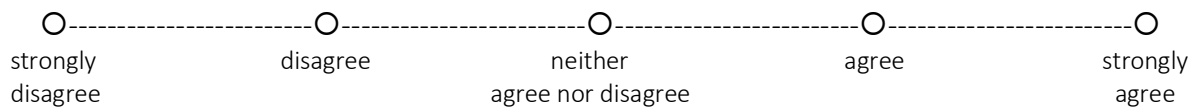
### How confident are you that you can...

- |  |                         |   |   |   |   |   |   |   |   |   |    |                      |
|--|-------------------------|---|---|---|---|---|---|---|---|---|----|----------------------|
| 1. Keep the fatigue caused by your disease from interfering with the things you want to do?                                | not at all<br>confident | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | totally<br>confident |
| 2. Keep the physical discomfort or pain of your disease from interfering with the things you want to do?                   | not at all<br>confident | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | totally<br>confident |
| 3. Keep the emotional distress caused by your disease from interfering with the things you want to do?                     | not at all<br>confident | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | totally<br>confident |
| 4. Keep any other symptoms or health problems you have from interfering with the things you want to do?                    | not at all<br>confident | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | totally<br>confident |
| 5. Do the different tasks and activities needed to manage your health condition so as to reduce your need to see a doctor? | not at all<br>confident | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | totally<br>confident |
| 6. Do things other than just taking medication to reduce how much your illness affects your everyday life?                 | not at all<br>confident | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | totally<br>confident |

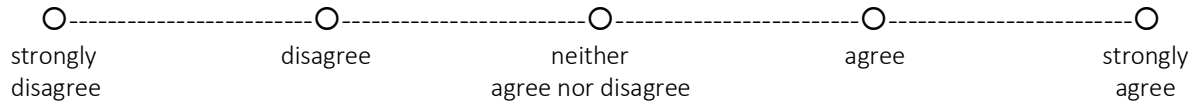
## [10] Inference of Manipulative Intent

Please rate our level of agreement with the following statements.

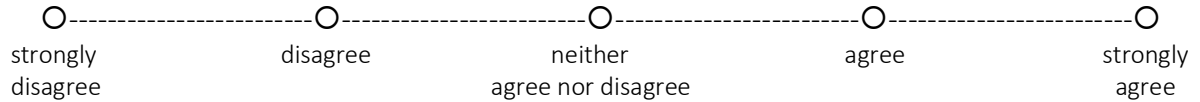
1. The way this ad tries to persuade people is acceptable to me.



2. The advertiser tried to manipulate the audience in ways I don't like.

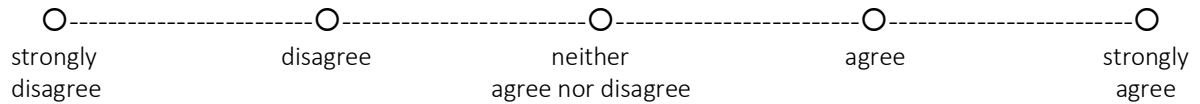


3. I was annoyed by this ad because the advertiser seemed to be trying to inappropriately manage or control the consumer audience.

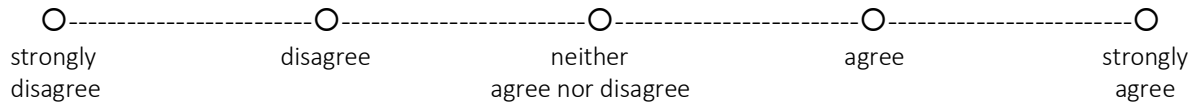


[11] Please elaborate on **why** you answered the above statements the way you did (open-ended).

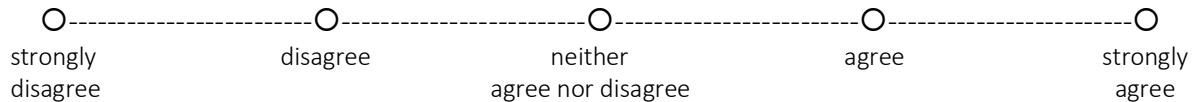
4. I don't mind this ad; the advertiser tried to be persuasive without being excessively manipulative.



5. The ad was fair in what was said and shown.



6. The source of the message has an ulterior motive for showing this ad.



[12] Manipulation check

After viewing this ad, did you feel encouraged (or ashamed or fearful, depending on the appeal the participant viewed)?

- not at all encouraged
- somewhat encouraged

- moderately encouraged
- very encouraged
- completely encouraged

[13] Demographics

1. What is your age?
  - Under 12 years old
  - 12 to 17 years old
  - 18 to 24 years old
  - 25 to 34 years old
  - 35 to 44 years old
  - 45 to 54 years old
  - 55 to 64 years old
  - 65 to 74 years old
  - 75 years or older
2. Which gender do you identify with?
  - Male
  - Female
  - Transgender male
  - Transgender female
  - Gender non-conforming
  - Prefer not to disclose
3. When were you diagnosed with diabetes?
  - In the past year
  - In the past five years
  - In the past ten years
  - In the past twenty years
4. How knowledgeable about your condition do you consider yourself?
  - Extremely
  - Quite
  - Fairly
  - Not very
  - Not at all
5. What is your household income?
  - Less than \$25,000
  - \$25,000 to \$34,999
  - \$35,000 to \$49,000
  - \$50,000 to \$ 74,999
  - \$75,000 to \$99,999
  - \$100,000 to \$149,000
  - \$150,000 to \$199,000
  - \$200,000 or more
  -
6. What is your highest level of completed education?

- No schooling completed
- 8<sup>th</sup> grade
- Some high school, no diploma
- High school graduate, diploma or the equivalent
- Some college credit, no degree
- Trade/technical/vocational training
- Bachelor's degree
- Master's degree
- Professional degree
- Doctorate degree